



Teleprocessing Users Guide - Provider Relations I, II, & III (Volume 3)

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Section 1: PMP Service Location Maintenance Window

Introduction

The PMP Service Location Maintenance window allows inquiries or updates to provider PMP information for a specific service location. The PMP Service Location Maintenance Window is accessed through the Provider Service Location window by selecting **Options** and then selecting **PMP Serv Loc**.

The screenshot displays the 'PMP Service Location Maintenance' window. At the top, there is a menu bar with 'File', 'Edit', 'Applications', and 'Options'. Below the menu bar, the window contains the following fields and controls:

- Provider ID:** 200127730
- Loc:** A
- Name:** SPRAGUE CHARLES

Below these fields is a table with one row, labeled 'Row 1 of 1'.

Managed Care Network:	PCCM	Effective Date:	1997/10/28	End Date:	2000/02/24
Delivery Privileges:	NA	Admit Privileges:	Privileges		
Age Restriction:	0 - 20 YEARS OF AGE	24 Hour Phone:	(765)864-6700	Ext:	
Practice Active:	<input type="checkbox"/>	Families:	<input checked="" type="checkbox"/>	Special Children:	<input type="checkbox"/>
Obstetrics:	<input type="checkbox"/>	Special Conditions:	<input type="checkbox"/>	All Women:	<input type="checkbox"/>
Special Services:	<input type="checkbox"/>	Immunization:	<input type="checkbox"/>		

At the bottom of the window, there are three buttons: 'New', 'Save', and 'Exit'.

Figure 1.1 – PMP Service Location Maintenance Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Panel Size
Save	Paste	Claims	Enrollment Program
Print	Cut	Financial	MCO Enrollment List
Exit		Managed Care	Cert Code Maint
Audit		MARS	
Exit IndianaAIM		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 1.2 – PMP Service Location Maintenance Window Menu Tree

This is the menu tree for the PMP Service Location Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the PMP Service Location Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a new practice type

Save – Saves information

Print – Prints the screen, top window, or data window

Exit – Returns to the Provider Service Location window

Audit – Views the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one area to another

Paste – Inserts cut or copied text from another area

Cut – Removes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Menu Selection: Options

Panel Size – Click to access the Panel Size window

Enrollment Program – Click to access the Enrollment Program window

MCO Enrollment List – Click to access the MCO Enrollment List window

Cert Code Maint – Click to access the Cert Code Maint window

Field Information

Field Name: Provider ID

Description – The IHCP identification number of the provider

Format – Nine alphabetic and numeric characters

Features – Protected, display only

Edits – None

To Correct – N/A

Field Name: Loc

Description – The IHCP service location code for the provider

Format – One alphabetic character

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Name

Description – Name associated with an organization or person

Format – 39 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Managed Care Network

Description – Indicates under which program (MCO, PCCM, or both) the service location is participating

Format – Five alphanumeric characters

Features – None

Edit – 5189, County is not a PCCM county.

To Correct – No correction necessary. Verify addendum. If selected service location is correct, deny addendum.

Field Name: Effective Date

Description – Effective date of the service location's participation in the program

Format – CCYY/MM/DD

Features – None

Edits – None

To Correct – N/a

Field Name: End Date

Description – End date of the service location's participation in the program

Format – CCYY/MM/DD

Features – None

Edits – None

To Correct – N/a

Field Name: Delivery Privileges

Description – The provider's level of hospital delivery privileges

Format – N/a

Features – Drop-down box. Valid values include the following:

- Privileges
- Relationship
- None
- N/a

Edits – None

To Correct – N/a

Field Name: Admit Privileges

Description – The provider's level of hospital admit privileges

Format – N/a

Features – Drop-down box. Valid values include the following:

- Privileges
- Relationship
- None

Edits – None

To Correct – N/A

Field Name: Age Restriction

Description – Indicates if the provider has age restrictions on his panel

Format – N/a

Features – Drop-down box

Valid values include:

- 0–20 Years of Age
- Age 13 and Over
- 0–2 Years of Age
- 0–17 Years of Age
- 13–17 Years of Age

Edits – None

To Correct – N/a

Field Name: 24-Hour Phone

Description – The 24-hour phone number for this service location

Format – 10 numeric characters

Features – None

Edit – 5188, 24 Hour Phone Number must be 10 digits!

To Correct – Verify typing and retype

Field Name: Ext

Description – Extension for the 24-hour phone number

Format – Four numeric characters

Features – None

Edit – 91029, Phone Extension must be numeric!

To Correct – Verify typing and retype.

Field Name: Practice Active

Description – Indicates if the PMP service location is active for member assignment. For example, a provider may be accepting recipients at this service location as a solo provider. Therefore, the provider's group type practice would be closed or inactive. A provider can be a PMP at an individual service location and a group service location simultaneously.

Format – Checkbox

Features – None

Edit – 5201, only two service locations per Provider

To Correct – Disenroll one of the current PMP service locations

Edit – 5223, Provider Specialty not a Managed Care specialty

To Correct – Verify provider specialty

Edit – 91039, Recipients currently assigned. Do you wish to disenroll PMP Service Location?

To Correct – Select Yes or No to confirm deactivation/disenrollment

Field Name: Families

Description – Indicates if the provider accepts entire families

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

Field Name: Special Children

Description – Indicates if the provider has special services for children with special health care needs. Does not indicate that this is a CSHCS provider.

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

Field Name: Obstetrics

Description – Indicates if the provider practices obstetrics

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

Field Name: Special Conditions

Description – Indicates if the provider has special services for recipients with special conditions

Format – Checkbox

Features – None

Edits – None

To Correct – N/A

Field Name: All Women

Description – Indicates if the provider only provides services to women

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

Field Name: Special Services

Description – Indicates if the provider has special services available.

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

Field Name: Immunization

Description – Indicates if the provider provides immunizations

Format – Checkbox

Features – None

Edits – None

To Correct – N/a

System Information

PBL – PROV07.PBL

Window – W_PMP_SERV_LOC

W_PMP_SERV_LOC_RESPONSE

Menu – W_BASE_LIST_UPDATE

Data Windows – DW_PMP_SERV_LOC

DW_PROV_HEADER

System Features

Click **New** to display a blank window for data entry on a new practice type.

Click **Save** to save the information.

Click **Exit** to return to the Provider Service Location window.

Section 2: Provider ECC Maintenance Window

Introduction

The Provider ECC Maintenance window is used to view and maintain electronic claims submission information for a provider. Only authorized users with update privileges can add new information or change existing data. The Provider ECC Maintenance window is accessed through the Provider Service Location window by selecting **Options** and then selecting **ECC Maint**.

Figure 2.1 – Provider ECC Maintenance Window

The screenshot displays the 'Provider ECC Maintenance' window. At the top, there is a title bar and a menu bar with 'File', 'Edit', and 'Applications'. Below the menu bar, the following fields are visible: 'Provider ID: 200127730', 'Loc: A', and 'Name: SPRAGUE CHARLES'. The main area contains two side-by-side tables, both titled 'Row 1 of 1'. The left table is 'Sender IDs for Service Location' and the right table is 'Sender IDs for Location's Billing Svc'. Each table has five rows: 'Submission Type', 'Sender ID', 'Disk/Tape Size', 'Labels', and 'Density'. The 'Submission Type' for the left table is empty, while for the right table it is 'Async (Xmodem)'. The 'Sender ID' for the right table is '123'. Below the tables are two buttons: 'New' and 'Save'. At the bottom of the window are four buttons: 'NECS Update History', 'Prov Name/Address', 'NECS Update History', and 'Exit'.

Sender IDs for Service Location		Sender IDs for Location's Billing Svc	
Row 1 of 1		Row 1 of 1	
Submission Type:		Submission Type:	Async (Xmodem)
Sender ID:		Sender ID:	123
Disk/Tape Size:		Disk/Tape Size:	
Labels:		Labels:	
Density:		Density:	

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 2.2 – Provider ECC Maintenance Menu Tree

This is the menu tree for the Provider ECC Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider ECC Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Allows addition of a new Provider Sender ID

Save – Saves updated information

Delete – Deletes information in the window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one area to another

Paste – Inserts cut or copied text from another area

Cut – Removes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the provider and ECC Maintenance windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Provider ID

Description – Provider number assigned to identify a provider within the system

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Loc

Description – Suffix added to the provider number to identify the various locations where a provider conducts business

Format – One alphabetic character

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Name

Description – Name associated with an organization or person

Format – 39 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/A

Field Name: Submission Type

Description – The method that a provider uses to transmit claims

Format – None

Features – Drop-down box. Valid values include the following:

- Async (Xmodem)
- Async (UUCP)
- Bisync
- Tape
- Diskette
- Cartridge

Edit – 91037, Submission Type field is required!

To Correct – Double-click on listed method of submission. A method of submission must be selected.

Field Name: Sender ID

Description – System-generated number identifying the billing entity submitting electronic claims

Format – Four alphanumeric characters

Features – System generated

Edits – None

To Correct – N/a

Field Name: Disk/Tape Size

Description – The disk or tape size that a sender uses to bill electronic batch claims

Format – Character

Features – Drop-down box. Valid values include the following:

Table 2.1 – Disk/Tape Size Values

Disk
3 1/2"
5 1/4"
8"
Tape
7"
9"
10"

Field Name: Labels

Description – A Yes/No value indicating if a sender submitting electronic batch claims on tape or disk uses a labeled format.

Format – N/a

Features – Drop-down box. Valid values include:

- Yes
- No

Edit – 5130, Must be blank for this submission type!

To Correct – Verify submission type

Edit – 5131, Required for this submission type!

To Correct – Verify submission type

Field Name: Density

Description – The density of a tape that a sender uses to bill electronic batch claims

Format – N/A

Features – Drop-down box. Valid values include:

- 6250
- 1600
- 800

Edit – 5130, Must be blank for this submission type!

To Correct – Verify submission type

Edit – 5131, Required for this submission type!

To Correct – Verify submission type

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_ECC_SENDER

Menu – M_PROVIDER_GENERIC

Data Windows – DW_PROVIDER_ECC_SENDER

DW_PROVIDER_ECC_SENDER

System Features

This window displays all sender IDs for a service location and all sender IDs for the billing service that is associated with the service location. The provider sender IDs are displayed in the left data window and are updateable. The sender IDs for the billing service are displayed in the right data window and cannot be updated. Only one sender ID is displayed in a data window at a given time.

Section 3: Software Company Selection Window

Introduction

The Software Company Selection window is used to view or update known software vendors who provide software for electronic claims submission. Only authorized users with update privileges can add new software vendors or make changes to existing software company information. The Software Company Selection window is accessed from the Provider Menu by clicking on the **Software Company**. To update information, click **Maintain** or press **Alt+M**.

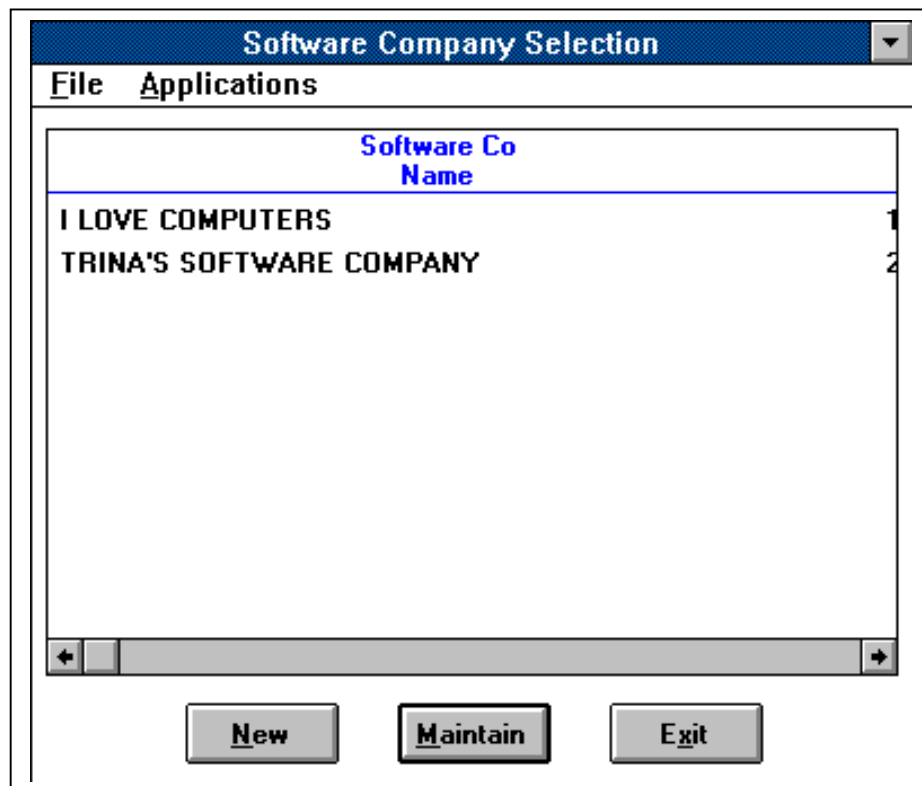


Figure 3.1 – Software Company Selection Window

File	Applications
New	Adhoc Reporting
Save	Claims
Print	Financial
Exit	Managed Care
Audit	MARS
Exit IndianaAIM	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 3.2 – Software Company Selection Window Menu Tree

This is the menu tree for the Software Company Selection window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Software Company Selection window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Use the mouse and double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a new software company

Save – Saves updated information

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care information

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the provider and ECC Maintenance windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Software Co Name

Description – Name of the software company

Format – 39 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Address Line 1

Description – First line of the software company address

Format – 39 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Address Line 2

Description – Second line of software company address

Format – 39 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: City

Description – City portion of the software company address

Format – 15 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: State

Description – State portion of the software company address

Format – Two alphanumeric characters

Features – Protected, display only

Field Name: Zip

Description – ZIP code portion of the software company address

Format – Five numeric characters followed by applicable four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Phone

Description – Software company phone number

Format – Ten numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Ext

Description – Software Company's phone number extension, if applicable

Format – Four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Fax

Description – Software Company's fax number, if applicable

Format – 10 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Contact Name

Description – Contact person’s name at the software company

Format – 49 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_SFT_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_PROVIDER_ECC_SOFTWARE_LIST

System Features

This window lists all software vendors. By selecting one of the companies and pressing **Maintain**, information for the company is updated.

The window scrolls from left to right to display all of the information pertaining to the software company that is in the field information.

Section 4: Software Company Maintenance Window

Introduction

The Software Company Maintenance window is used to maintain software company information such as company name, address, and telephone, number. Only authorized users with update privileges can add new information or change existing information. The Software Company Maintenance window is accessed from the Provider Menu. To add a new software company to the list click **New** or press **Alt+N**. To make modifications to existing information, highlight the field or fields to be changed and type in the changes. To save the information, click **Save** or press **Alt+S**.

Figure 4.1 – Software Company Maintenance Window

The screenshot shows a window titled "Software Company Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains the following fields:

- Software Co Name: TRINA'S SOFTWARE COMPANY
- Address 1: 234 MAIN
- Address 2: (empty)
- City: DALLAS
- St: IN
- Zip: 09877 9878
- Phone: (317) 214-0000
- Ext: 0000
- Fax: (317) 214-0909
- Contact Name: TRINA DAVIS

At the bottom of the window are three buttons: "New", "Save", and "Exit".

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 4.2 – Software Company Maintenance Window Menu Tree

This is the menu tree for the Software Company Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Software Company Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

The menu selection allows the following options:

New – Adds a new software company

Save – Saves updated information

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information.

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care information

MARS – Click to access MARS information

Prior Authorization – Click to access Prior Authorization windows

Provider – Click to access Provider and ECC Maintenance windows

Recipient – Click to access Recipient windows

Reference – Click to access Reference windows

Security – Click to access Security information windows

SURS – Click to access SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Software Co Name

Description – The business name used by a company that maintains software used in billing claims electronically

Format – 30 alphanumeric characters

Features – None

Edit – 91006, Field is required!

To Correct – Verify typing. Entry is required.

Field Name: Address 1

Description – First line of software company address

Format – 39 alphanumeric characters

Features – None

Edit – 5001, Address info must be present!

To Correct – Verify typing. Address info is required to save the screen.

Edit – 91006, Field is required!

To Correct – Entry is required

Field Name: Address 2

Description – Second line of software company address

Format – 39 alphanumeric characters

Features – None

Edits – None

To Correct – N/a

Field Name: City

Description – City portion of the software company address

Format – 15 alphabetic characters

Features – None

Edit – 5035, City is invalid!

To Correct – Verify typing. Entry is required

Field Name: St

Description – State portion of software company address

Format – Two alphanumeric characters

Features – None

Edit – 91036, Invalid State code!

To Correct – Verify typing. Entry must be one of the valid state codes
Refer to valid values in Provider Set 2 New Address Window for the
valid codes.

Field Name: Zip

Description – ZIP code portion of software company address

Format – Five numeric characters followed by applicable four numeric
characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The ZIP code must be numeric characters

Edit – 91058, Must be four characters!

To Correct – Verify typing. The ZIP code extension must be four
numeric characters.

Edit – 91059, Must be five characters!

To Correct – Verify typing. The ZIP code must be five numeric
characters.

Field Name: Phone

Description – Software company telephone number

Format – 10 numeric characters.

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The phone number must be numeric characters.

Edit – 91061, phone number must be 10 digits!

To Correct – Verify typing. The phone number must be 10 numeric characters.

Field Name: Ext

Description – Software company phone number extension, if applicable

Format – Four numeric characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The phone number extension must be numeric characters.

Edit – 91058, Must be four characters!

To Correct – Verify typing. The phone extension must be four numeric characters

Field Name: Fax

Description – Software Company fax number, if applicable

Format – 10 numeric characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The fax number must be numeric characters.

Edit – 91062, Fax number must be 10 digits!

To Correct – Verify typing. The fax number must be 10 numeric characters

Field Name: Contact Name

Description – The name of the contact person at the software company

Format – 40 alphabetic characters

Features – None

Edit – 91006, Field is required!

To Correct – Verify typing. Entry is required.

System Information

PBL – PROV03.PBL

Window W_PROVIDER_ECC_SFT_MAINT

Menu – M_BASE_INQUIRY

Data Windows – DW_PROVIDER_ECC_SOFTWARE_MAINT

System Features

This window is used to update the software company master record.

The New button adds a software company record.

Section 5: Billing Service List Window

Introduction

The Billing Service List window lists all known billing services that submit electronic claims for providers. It is accessed from the Provider Service Location menu. Highlighting a selected billing service, and double-clicking on that selection, links a provider to a billing service.

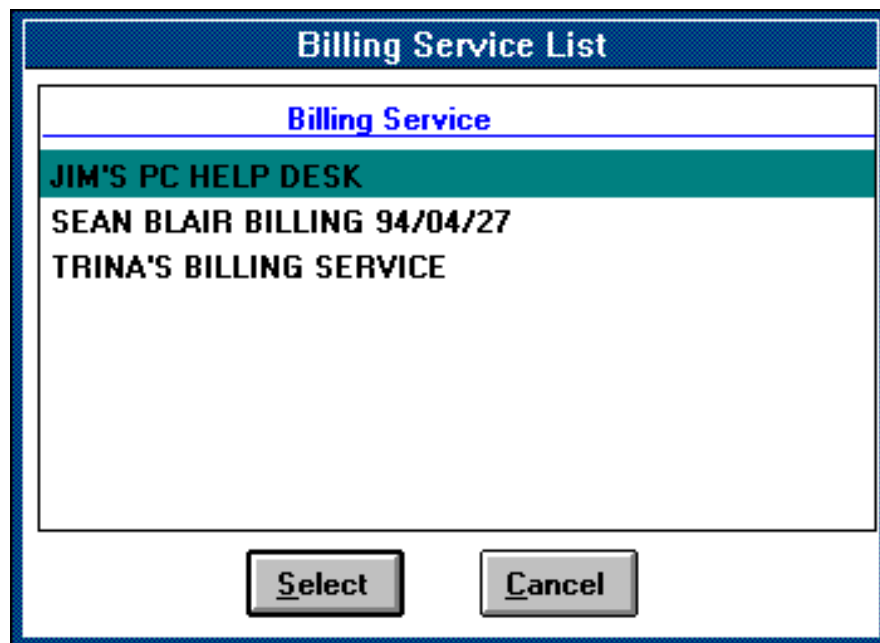


Figure 5.1 – Billing Service List Window

Field Information

Field Name: Billing Service

Description – Name of the billing service

Format – 39 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_ECC_BILL_SVC_LIST

Menu – NONE

Data Windows – DW_PROVIDER_ECC_BILL_SVC_NAME_LST

System Features

This window lists all billing services. Double-clicking on the Billing Services field accesses the window. By highlighting one of the companies and pressing **Maintain**, the selected billing service is entered on original window.

Section 6: Billing Service Selection Window

Introduction

The Billing Service Selection window is used to view or update existing billing service information. Only authorized users with update privileges can add new information or change existing data. The Billing Service Selection window is accessed from the Provider Menu and clicking **Billing Service** or by pressing **Alt+B**. To update information for a billing service, select the desired billing service name and press **Maintain** or **Alt+M**.

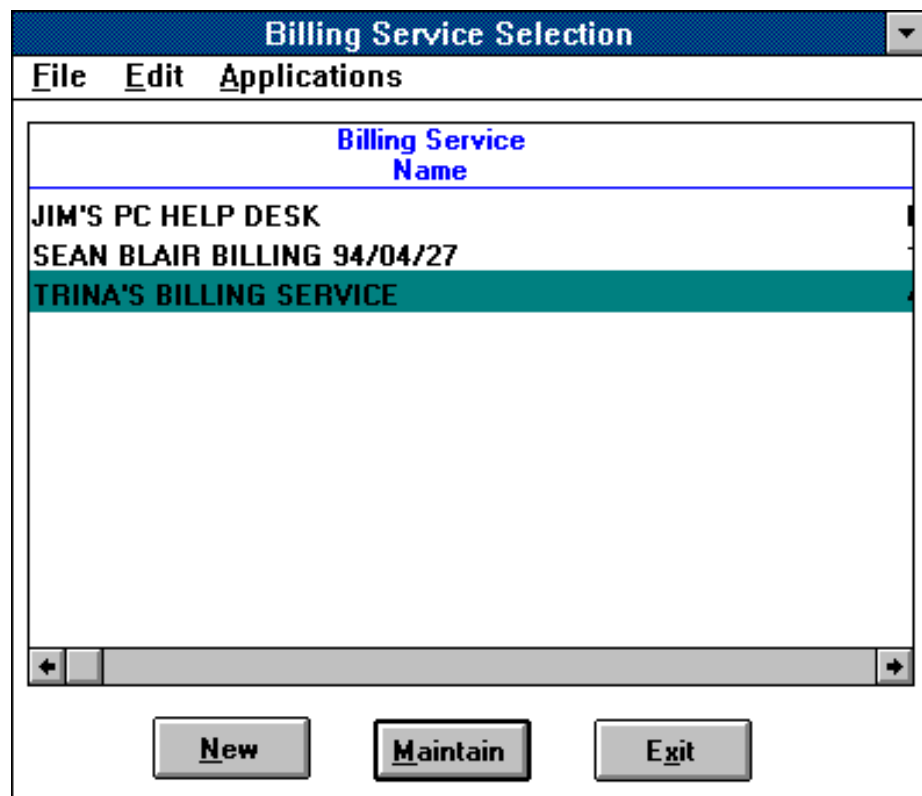


Figure 6.1 – Billing Service Selection Window

File	Edit	Applications
Maintain	Copy	Adhoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Exit IndianaAIM		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 6.2 – Billing Service Selection Window Menu Tree

This is the menu tree for the Billing Service Selection window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Billing Service Selection window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Maintain – Updates information for the selected record

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text to another area or application

Paste – Inserts text that was copied or cut from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care information

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider and ECC Maintenance windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Billing Service Name

Description – Name of the billing service

Format – 39 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Address Line 1

Description – First line of the billing service address

Format – 39 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Address Line 2

Description – Second line of billing service address

Format – 30 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: City

Description – City portion of the billing service address

Format – 15 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: State

Description – State portion of the billing service address

Format – Two alphabetic characters

Features – Protected, display only

Field Name: Zip

Description – ZIP code portion of the billing service address

Format – Five numeric characters followed by applicable four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Phone

Description – Billing service phone number

Format – 10 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Ext

Description – Billing service phone number extension, if applicable

Format – Four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Fax

Description – Billing service fax number, if applicable

Format – 10 numeric characters

Features – Protected - display only

Edits – None

To Correct – N/a

Field Name: Contact Name

Description – Contact person's name at the billing service

Format – 40 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_BILL_SVC_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_PROVIDER_ECC_BILL_SVC_LIST

System Features

This window lists all billing services. By selecting one of the companies and pressing **Maintain**, information for the company can be updated.

The window scrolls from left to right to display all of the information pertaining to the billing service as it appears in the field information.

Section 7: Billing Service Maintenance Window

Introduction

The Billing Service Maintenance window is used to maintain address and sender information for billing services. Only authorized users with update privileges can change existing information. The Billing Service Maintenance window is accessed from the Provider Menu by clicking **Billing Service** or by pressing **Alt+B**. To make modifications to existing address information, highlight the field or fields to be changed and type in the changes. To save the information, click **Save** or press **Alt+S**. To view or make modifications to the sender used by the billing service, click **Maintain Senders** or press **Alt+M**.

The screenshot shows a window titled "Billing Service Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains the following fields:

- Billing Svc Name:** TRINA'S BILLING SERVICE
- Address 1:** 4 MAIN
- Address 2:** (empty)
- City:** INDIANAPOLIS
- St:** IN
- Zip:** 46240 3333
- Phone:** (317) 555-5555
- Ext:** 3333
- Fax:** (317) 555-5555
- Contact Name:** TRINA DAVIS

At the bottom of the window are four buttons: **New**, **Maintain Senders**, **Save**, and **Exit**.

Figure 7.1 – Billing Service Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 7.2 – Billing Service Maintenance Window Menu Tree

This is the menu tree for the Billing Service Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Billing Service Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a new Billing Service

Save – Saves updated information

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text to another area or application

Paste – Inserts text that was cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care information

MARS – Click to access MARS information

Prior Authorization – Click to access Prior Authorization windows

Provider – Click to access Provider and ECC Maintenance windows

Recipient – Click to access Recipient windows

Reference – Click to access Reference windows

Security – Click to access Security information windows

SURS – Click to access SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Billing Svc Name

Description – Name of the billing service

Format – 39 alphabetic characters

Features – None

Edit – 91006, Field is required!

To Correct – Verify typing. Entry is required.

Field Name: Address 1

Description – First line of billing service address

Format – 30 alphanumeric characters

Features – None

Edit – 5001, Address info must be present!

To Correct – Verify typing. Address information is required in order to save the screen.

Edit – 91006, Field is required!

To Correct – Entry is required.

Field Name: Address 2

Description – Second line of billing service address

Format – 30 alphanumeric characters

Features – None

Edits – None

To Correct – N/a

Field Name: City

Description – City portion of the billing service address

Format – 15 alphabetic characters

Features – None

Edit – 5035, City is invalid!

To Correct – Verify typing. Entry is required

Field Name: St

Description – State portion of billing service address

Format – Two alphabetic characters

Features – None

Edit – 91036, Invalid State code!

To Correct – Verify typing. Entry must be one of the valid state codes. Refer to Provider Set 2 New Address Window for valid values.

Field Name: Zip

Description – ZIP code portion of billing service address.

Format – Five numeric characters followed by applicable four numeric characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The ZIP code must be numeric characters.

Edit – 91058, Must be four characters!

To Correct – Verify typing. The ZIP code extension must be four numeric characters.

Edit – 91059, Must be five characters!

To Correct – Verify typing. The ZIP code must be five numeric characters.

Field Name: Phone

Description – Billing service telephone number

Format – 10 numeric characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The phone number must be numeric characters

Edit – 91061, Phone number must be 10 digits!

To Correct – Verify typing. The phone number must be 10 numeric characters

Field Name: Ext

Description – Billing service phone number extension, if applicable.

Format – Four numeric characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The phone number extension must be numeric characters.

Edit – 91058, Must be four characters!

To Correct – Verify typing. The phone extension must be four numeric characters.

Field Name: Fax

Description – Billing service fax number, if applicable.

Format – 10 alphabetic characters

Features – None

Edit – 91029, Must be numeric!

To Correct – Verify typing. The fax number must be numeric characters.

Edit – 91062, Fax number must be 10 digits!

To Correct – Verify typing. The fax number must be 10 numeric characters.

Field Name: Contact Name

Description – The name of the contact person at the billing service

Format – 40 alphabetic characters

Features – None

Edit – 91006, Field is required!

To Correct – Verify typing. Entry is required

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_ECC_BILL_SVC_MAINT

Menu – M_PROVIDER_GENERIC

Data Windows – DW_PROVIDER_ECC_BILL_SVC_MAINT

System Features

This window updates the billing service master record. The **NEW** button adds a billing service record. The **Maintain Senders** button views and maintains the sender IDs used by the displayed billing service.

Section 8: Billing Service Sender ID Maintenance Window

Introduction

The Billing Service Sender ID Maintenance window is used to view and maintain electronic claims submission information for billing services. Only authorized users with update privileges can add new information or change existing data. The Billing Service Sender ID Maintenance window is accessed through the Provider Menu window by clicking **Billing Service** or by entering **Alt+B**. Then select the desired billing service by double-clicking or pressing **Maintain** or by pressing **Alt+M**.

Row 1 of 1				
Submission Type:				
Sender ID:				
Disk/Tape Size:				
Labels:				
Density:				

New Save

NECS Update History Exit

Figure 8.1 – Billing Service Sender ID Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 8.2 – Billing Services Sender ID Maintenance Window Menu Tree

This is the menu tree for the Billing Service Sender ID Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Billing Service Sender ID Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Addition of a new Billing Service Sender ID

Save – Saves updated information

Delete – Deletes a data window, current window, or the entire screen

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows following options:

Copy – Transfers text to another area or application

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider and ECC Maintenance windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Billing Service

Description – Business name used by a billing service that submits claims on behalf of a provider

Format – 30 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Submission Type

Description – The method of submission that a sender uses to transmit claims electronically

Format – None

Features – Drop-down box. Valid values include the following:

- Async (Xmodem)
- Async (UUCP)
- Bisync
- Tape
- Diskette
- Cartridge

Edits – None

To Correct – N/a

Field Name: Sender ID

Description – System-generated unique number that identifies the billing entity submitting electronic claims

Format – Four alphanumeric characters

Features – System generated

Edits – None

To Correct – N/a

Field Name: Disk/Tape Size

Description – The size of disk or tape that a sender uses to bill electronic batch claims

Format – Character

Features – Drop-down box. Valid values include:

Table 8.1 – Disk/Tape Size Values

Disk
3 1/2"
5 1/4"
8"
Tape
7"
9"
10"

Field Name: Labels

Description – A Yes/No value that indicates if a sender submitting electronic batch claims on tape or disk uses a labeled format or not

Format – N/a

Features – Drop-down box. Valid values include:

- Yes
- No

Field Name: Density

Description – The density of a tape that a sender uses to bill electronic batch claims

Format – N/a

Features – Drop-down box. Valid values include:

- 6250

- 1600
- 800

System Information

PBL – PROV05.PBL

Window – W_PROVIDER_ECC_SENDER_BILL_SVC

Menu – M_PROVIDER_GENERIC

Data Windows – DW_PROVIDER_ECC_SENDER

System Features

This window displays all sender IDs for a billing service. Only one sender ID is displayed in the data window at a given time. The NECS Update History button updates history to NECS.

Section 9: Provider Mailing Labels List Window

Introduction

IFSSA and EDS use the Provider Mailing Labels List to initiate mailing label requests. This window also allows the user to view and update the requested label jobs prior to printing. The Provider Mailing Labels List window is accessed from the Provider Menu by clicking the Maintenance button, Options then Provider Labels.

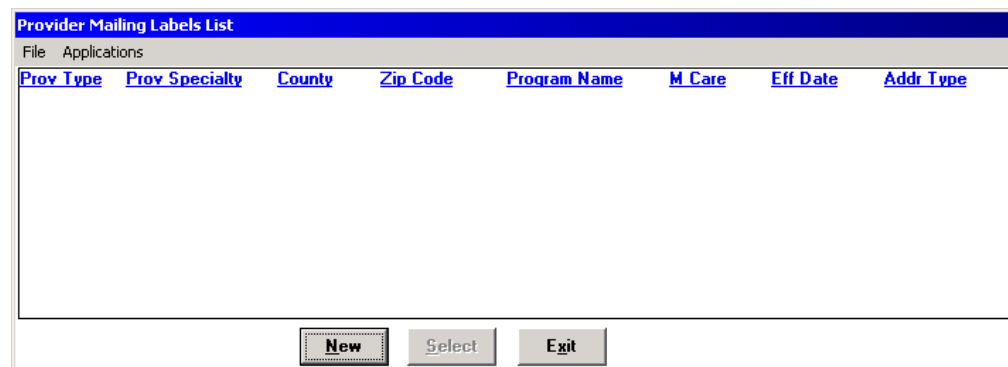


Figure 9.1 – Provider Mailing Labels List Window

File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 9.2 – Provider Mailing Labels List Menu Tree

This is the menu tree for the Provider Mailing Labels List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands for the Provider Mailing Labels List window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

The menu selections allows the following options:

New – Initiates a new mailing label job

Select – Selects information for viewing

Print – Prints a data window, current window, or the entire screen.

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting windows

Claims – Click to access the Claims windows

Financial – Click to access the Financial windows.

Managed Care – Click to access the Managed Care windows.

MARS – Click to access MARS windows.

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access Security information windows

SURS – Click to access SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Provider Type

Description – From and To provider type range

Format – Four alphanumeric characters designating from and to range

Features – Protected field, display only.

Edits – None

To Correct – N/a

Field Name: Provider Specialty

Description – From and To provider specialty range

Format – Six alphanumeric characters designating from and to range.

Features – Protected field, display only.

Edits – None

To Correct – N/a

Field Name: County

Description – From and To County range

Format – Four alphanumeric characters designating from and to range

Features – Protected field, display only.

Edits – None

To Correct – N/A

Field Name: Zip Code

Description – From and To ZIP code range

Format – 10 alphanumeric characters, designating from and to range

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Program Name

Description – System-assigned name for the selected program

Format – Nine alphanumeric characters

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: M Care

Description – An indicator for the type of managed care selected, such as PCCM, MCO, or both

Format – One alphanumeric character

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Eff Date

Description – The date that a provider must be eligible for the program(s) selected for a label to be generated.

Format – CCYY/MM/DD

Features – Protected field, display only

Edits – None

To Correct – Retype date in valid CCYY/MM/DD format

Field Name: Addr Type

Description – Indicates whether the address is the provider's Mail To, Pay To, Svc Location or Home Office.

Format – N/a

Features – Protected field, display only

Edits – N/a

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_LABEL_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_PROV_LABEL_LIST

System Features

Click **New** to open the Provider Mailing Labels window with a clear window, ready to accept label selection criteria.

Click **Select** to open Provider Mailing Labels List window with the data for the row selected.

Double-click on a **selected** line to open Provider Mailing Labels window with the data for the row selected.

Click **Exit** to close the window.

If a provider mailing label job needs to be updated prior to printing, the previously selected criteria can be accessed by clicking **select** or by double-clicking the **appropriate line**. The system automatically opens the Provider Mailing Labels window with the previously selected criteria displayed, ready for the user to update. Once the user clicks **Save**, the original label request is updated with the changed selection criteria.

Section 10: Provider Labels Maintenance Window

Introduction

IFSSA and EDS uses the Provider Labels Maintenance window to select the criteria for a mailing label job. The user may select a range of provider types, specialties, counties, and ZIP codes. The user may also select specific Managed Care program enrollment indicators and the eligibility status of the providers. The labels print in ZIP code order. Once a criteria is selected, the user clicks **Save** to place the label request in queue to run with the nightly batch process. The Provider Labels Maintenance window is accessed through the Provider Mailing Labels List window by clicking **New** or **Select**.

The screenshot displays the 'Provider Label Maintenance' window with a menu bar (File, Edit, Applications) and several input fields for selecting criteria:

- Provider Type:** Includes 'From' and 'To' text boxes.
- Provider Specialty:** Includes 'From' and 'To' text boxes.
- County:** Includes 'From' and 'To' text boxes, a 'Program' dropdown menu (set to '0'), and a 'Label' dropdown menu (set to 'Regular Label').
- Provider Range:** Includes two empty text boxes and a 'Loc' text box.
- Zip Code:** Includes 'From' and 'To' text boxes.
- Managed Care:** Includes a dropdown menu.
- Status:** Includes a dropdown menu.
- Group Indicator:** Includes a dropdown menu.
- Address Type:** Includes a dropdown menu (set to 'Mail To').
- Provider Class:** Includes a dropdown menu (set to 'Normal (Billing)').
- Effective Date:** Includes a text box (set to '2001/06/22').

At the bottom of the window are three buttons: **New**, **Save**, and **Exit**.

Figure 10.1 – Provider Mailing Labels Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 10.2 – Provider Mailing Labels List Window Menu Tree

This is the menu tree for the Provider Mailing Labels window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands for the Provider Mailing Label window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a new label request

Save –Saves updated information

Print –Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu section allows the following options:

Copy –Transfers text from one to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting windows

Claims – Click to access the Claims windows

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care windows

MARS – Click to access MARS windows

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access Security information windows

SURS – Click to access SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Provider Type From

Description – Lower range for the provider type. Includes the provider type code and description.

Format – Two alphanumeric characters for type, 50 alphabetic characters for description.

Features – Double-click to open the Provider Type Select window

Edit – 5024, Provider type is invalid!

To Correct – Retype valid provider type and click **Save**.

Field Name: Provider Type To

Description – Upper range for the provider type. Includes the provider type code and description.

Format – Two alphanumeric characters for type, 50 alphabetic characters for description

Features – Double-click to open the Provider Type Select window

Edit – 5024, Provider Type is invalid!

To Correct – Retype valid provider type and click **Save**.

Field Name: Provider Specialty From

Description – Lower range for the provider specialty, includes the provider specialty code and description

Format – Three alphanumeric characters for specialty, 50 alphabetic characters for description

Features – Double-click to open the Provider Specialty Select window

Edit – 5036, Specialty is invalid!

To Correct – Retype valid provider specialty and click **Save**.

Field Name: Provider Specialty To

Description – Upper range for the provider specialty, includes the provider specialty code and description

Format – Three alphanumeric characters for specialty, 50 alphabetic characters for description

Features – Double-click to open the Provider Specialty Select window

Edit – 5036, Specialty is invalid!

To Correct – Retype valid provider specialty and click **Save**.

Field Name: County From

Description – Lower range for the county code associated with the provider. Includes the county code and description.

Format – Two alphanumeric characters for county, 12 alphabetic characters for description

Features – Double-click to open the County Select window

Edit – 91045, County Code not on file!

To Correct – Retype valid county code and click **Save**.

Field Name: County To

Description – Upper range for the county code associated with the provider. Includes the county code and description.

Format – Two alphanumeric characters for county, 12 alphabetic characters for description

Features – Double-click to open the County Select window

Edit – 91045, County Code not on file!

To Correct – Retype valid county code and click **Save**.

Field Name: Program

Description – Program code and description for the provider

Format – None

Features – Drop-down box. Valid values include:

- 590 - Program
- ARCH
- Children With Special Health Needs
- Package C
- Medicaid
- Hoosier Healthwise

To Correct – Select valid program and click **Save**.

Field Name: Label

Description – The type of label used

Format – None

Features – Drop-down box. Valid values include:

- Mgd. Care Label
- Regular Label

Edits – None

To Correct – N/a

Field Name: Provider Range

Description – The range of provider labels to be printed

Format – Nine numeric characters

Features – N/a

Edits – None

To Correct – N/a

Field Name: Loc

Description – Suffix added to the provider number to identify the various locations where a provider conducts business

Format – One alphabetic character

Features – None

To Correct – Type valid service location and click **Save**.

Field Name: Zip Code From

Description – Lower range for the ZIP code of the provider

Format – Five numeric characters

Features – None

Edit – 91007, ZIP code data must be numeric!

To Correct – Retype numeric ZIP code and click **Save**.

Edit – 91039, ZIP code must be at least five characters!

To Correct – Retype five-digit numeric ZIP code and click **Save**.

Field Name: Zip Code To

Description – Upper range for the ZIP code of the provider

Format – Five numeric characters

Features – None

Edit – 91007, ZIP code data must be numeric!

To Correct – Retype numeric ZIP code and click **Save**.

Edit – 91039, ZIP code must be at least five characters!

To Correct – Retype ZIP code and click **Save**.

Field Name: Managed Care

Description – Type of managed care for the provider. Valid values are MCO, PCCM, MCO AND PCCM, and spaces.

Format – None

Features – Drop-down box. Valid values include:

- MCO
- MCO and PCCM
- PCCM
- RBMC

Edits – None

To Correct – N/a

Field Name: Status

Description – Eligibility status of the provider

Format – None

Features – Drop-down box. Valid values include the following:

Active	Corporation (MMIS)
Deactivated (MMIS)	Deceased
Deceased (MMIS)	Decertified (MMIS)
Deleted (MMIS)	Duplicate Enrollment
Enrolled (MMIS)	Filed for Bankruptcy
Inactive (MMIS)	Moved OOS (MMIS)
New Individual (MMIS)	Out of Business
Recertification Date	Rend/Bill Conversion
Retired	Retired (MMIS)
Return Mail	Return Mail (MMIS)
Suspended (MMIS)	Term by HCFA
Term by HPB	Term by IFSSA
Term by not Enroll	Term by OIG
Term by Provider	Term Rendering Loc.
Transferred Ownership	

Edits – None

To Correct – N/a

Features – Scroll bar

Edits – None

To Correct – N/a

Field Name: Group Indicator

Description – Group status. Valid values are Group or Individual.

Format – N/a

Features – None

Edits – None

To Correct – N/a

Field Name: Address Type

Description – The provider's type of address

Format – None

Features – Drop-down box. Valid values include:

- Mail To
- Pay To
- Svc Location
- Home Office

Edits – None

To Correct – N/a

Field Name: Provider Class

Description – The provider class of mailing recipient

Format – None

Features – Drop-down box. Valid values include:

- Normal (Billing)
- Rendering Only
- Both

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – The effective date of the provider information

Format – CCYY/MM/DD

Edits – None

To Correct – Retype valid date format

System Information

PBL – PROV02.PBL

Window – W_PROV_LABEL_MAINT

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_PROV_LABEL_MAINT

System Features

Click **New** to clear the current values and display a clear screen.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 11: Provider Report List Window

Introduction

IFSSA and EDS use the Provider Report List window to initiate provider report requests. This window also allows the user to view and update the request report criteria prior to printing. The Provider Report List window is accessed from the Provider Search window by selecting **Options** then **Provider List**.

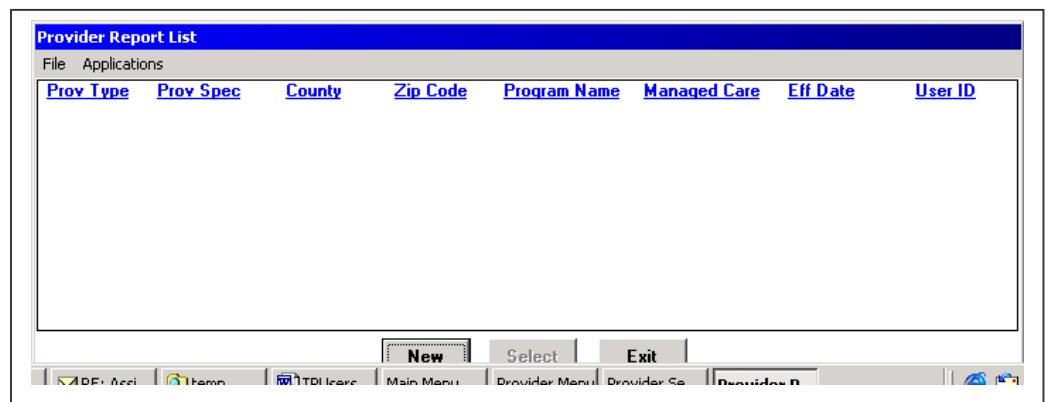


Figure 11.1 – Provider Report List Window

File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 11.2 – Provider Report List Window Menu Tree

This is the menu tree for the Provider Report List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Report List window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a new provider report request

Select – Selects the desired command

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting windows

Claims – Click to access the Claims windows

Financial – Click to access the Financial windows

Managed Care – Click to access the Managed Care windows

MARS – Click to access MARS windows

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access Security information windows

SURS – Click to access SURS windows

Third Party Liability – Click to access Third Party Liability windows

Field Information

Field Name: Provider Type

Description – From and To provider type range

Format – Four alphanumeric characters designating from and to range

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Provider Specialty

Description – From and To provider specialty range

Format – Six alphanumeric characters designating from and to range

Features – Protected field, display only

Edits – None

To Correct – N/A

Field Name: County

Description – From and To county range

Format – Four alphabetic and numeric characters designating from and to range

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Zip Code

Description – From and To ZIP code range

Format – Ten numeric characters designating from and to range

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Program Name

Description – System-assigned name for the selected program

Format – Nine alphanumeric characters

Features – Protected

Edits – None

To Correct – N/a

Field Name: Managed Care

Description – An indicator for the type of managed care selected; either PCCM, MCO, or both.

Format – One alphanumeric character

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: Eff Date

Description – The effective date of the provider information

Format – CCYY/MM/DD

Features – Protected field, display only

Edits – None

To Correct – N/a

Field Name: User ID

Description – The user who created the provider report request

Format – N/a

Features – Protected field, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_REPORT_LIST

Menu – M_REPORT_LIST_RETRIEVE

Data Windows – DW_PROV_REPORT_LIST

System Features

Click **New** to open the Provider Listing Report with clear window, ready to accept report criteria.

Click **Select** to open the Provider Listing Report with the data for the row selected.

Double-click a **selected line** to open the Provider Listing Report to view data for the row selected

Click **Exit** to close the window.

If the user needs to update a provider report job prior to printing, the previously selected criteria can be accessed by clicking **Select** or by double-clicking the **appropriate line**. The system automatically opens the Provider Listing Report window with the previously selected criteria displayed, ready to update. Click **Save** and the original report request is updated with the changed selection criteria.

Section 12: Provider Report Maintenance Window

Introduction

IFSSA and EDS use the Provider Report Maintenance window to the criteria for a provider report job. The user may select a range of provider types, specialties, counties, and ZIP codes. The user may also select specific Managed Care program enrollment indicators and the eligibility status of the providers. Finally the user can select the sort order of the report in either an alphabetical format by provider name, or a numeric format by provider number. Once a criteria is selected, the user clicks **Save** to place the report request in queue for printing. The Provider Report Maintenance window is accessed from the Provider Report List window by clicking **New**.

The screenshot shows a window titled "Provider Report Maintenance" with a menu bar containing "File", "Edit", and "Applications". The window contains several sections of input fields:

- Provider Type:** "From:" and "To:" text boxes.
- Provider Specialty:** "From:" and "To:" text boxes.
- County:** "From:" and "To:" text boxes.
- Program:** A dropdown menu showing "0".
- Effective Date:** A date field showing "2001/06/25".
- Status:** A dropdown menu.
- Zip Code:** "From:" and "To:" text boxes.
- Managed Care:** A dropdown menu.
- Address Type:** A dropdown menu showing "Mail To".
- Provider Class:** A dropdown menu showing "Normal (Billing)".
- Sort Order:** A dropdown menu showing "Prov Name".

At the bottom of the window are three buttons: "New", "Save", and "Exit".

Figure 12.1 – Provider Report Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 12.2 – Provider Report Maintenance Window Menu Tree

This is the menu tree for the Provider Report Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Report Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Save – Saves entered Provider Base information

Print – Prints the screen, window, or data window

Exit – Returns to Provider Search window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one area or application to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Provider Type From

Description – Lower range for the provider type, includes the provider type code and description

Format – Two alphanumeric characters for type, 50 alphabetic characters for description

Features – Double-click to open the Provider Type Select window

Edit – 5024, Provider Type is invalid!

To Correct – Retype valid provider type and click **Save**.

Field Name: Provider Type To

Description – Upper range for the provider type, includes the provider type code and description

Format – Two alphanumeric characters for type, 50 alphabetic characters for description.

Features – Double-click to open the Provider Type Select window

Edit – 5024, Provider Type is invalid!

To Correct – Retype valid provider type and click **Save**.

Field Name: Provider Specialty From

Description – Lower range for the provider specialty, includes the provider specialty code and description

Format – Three alphabetic and numeric characters for specialty, 50 alphabetic characters for description

Features – Double-click to open the Provider Specialty Select window

Edit – 5036, Specialty is invalid!

To Correct – Retype valid provider specialty and click **Save**.

Field Name: Provider Specialty To

Description – Upper range for the provider specialty, includes the provider specialty code and description

Format – Three alphanumeric characters for specialty, 50 alphabetic characters for description

Features – Double-click to open the Provider Specialty Select window

Edit – 5036, Specialty is invalid!

To Correct – Retype valid provider specialty and click **Save**.

Field Name: County From

Description – Lower range for the county code associated with the provider. Includes the county code and description.

Format – Two alphanumeric characters for county, 12 alphabetic characters for description

Features – Double-click to open the County Select window

Edit – 91045, County Code not on file!

To Correct – Retype valid county code and click **Save**.

Field Name: County To

Description – Upper range for the county code associated with the provider. Includes the county code and description.

Format – Two alphabetic and numeric characters for county, twelve alphabetic characters for description.

Features – Double-click to open the County Select window

Edit – 91045, County code not on file!

To Correct – Retype valid county code and click **Save**.

Field Name: Zip Code From

Description – Lower range for the ZIP code of the provider

Format – Five numeric characters

Features – None

Edit – 91007, ZIP code data must be numeric!

To Correct – Retype numeric zip code and click **Save**.

Edit – 91039, ZIP code must be at least five characters!

To Correct – Retype ZIP code and click **Save**.

Field Name: Zip Code To

Description – Upper range for the ZIP code of the provider

Format – Five numeric characters

Features – None

Edit – 91007, ZIP code data must be numeric!

To Correct – Retype numeric ZIP code and click **Save**.

Edit – 91039, ZIP code must be at least five characters!

To Correct – Retype ZIP code and click **Save**.

Field Name: Program

Description – Program code and description for the provider

Format – None

Features – Drop-down box. Valid values include:

- 590 Program
- ARCH
- Children with Special Health Needs
- Package C
- Medicaid
- Hoosier Healthwise

Edit – 5216, Program code is invalid!

To Correct – Select valid program and click **Save**.

Field Name: Effective Date

Description – Indicates the effective date of the program code

Format – CCYY/MM/DD

Features – None

Edit – N/a

To Correct – Retype valid date

Field Name: Status

Description – Eligibility status of the provider. Valid values are found on the eligibility status table and include the following:

Active	Corporation (MMIS)
Deactivated (MMIS)	Deceased
Deceased (MMIS)	Decertified (MMIS)
Deleted (MMIS)	Enrolled (MMIS)
Inactive (MMIS)	Moved OOS (MMIS)
New Individual (MMIS)	Recertification Date
Retired	Retired (MMIS)
Return Mail	Return Mail (MMIS)
Suspended (MMIS)	Term. by HCFA
Term. by HPB	Term. by IFSSA
Term. by Not Re-enrolling	Terminated by Provider

Format – 13 alphanumeric characters

Features – Drop-down box

Edits – None

To Correct – N/a

Field Name: Managed Care

Description – Type of managed care for the provider. Valid values are MCO, PCCM, or both.

Format – N/a

Features – Drop-down box

Edits – None

To Correct – N/a

Field Name: Address Type

Description – The provider’s address type

Format – N/a

Features – Drop-down box. Valid values include:

- Mail To
- Pay To
- Svc Location
- Home Office

Edits – None

To Correct – N/a

Field Name: Provider Class

Description – Indicates the provider class

Format – N/a

Features – Drop-down box. Valid values include:

- Normal (Billing)
- Rendering Only
- Both

Edits – None

To Correct – N/a

Field Name: Sort Order

Description – Sort order for the list. Valid values are *Alpha* to sort alphabetic by name and *Number* to sort by provider number.

Format – N/a

Features – Drop-down box.

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_LABEL_REP_MAINT

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_PROV_LABEL_MAINT

System Features

Click **New** to clear the current values and display a clear screen.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 13: County Select Window

Introduction

IFSSA and EDS use the County Select window to select providers practicing in the appropriate county(s) when generating mailing labels or provider reports. This selection table is accessed from either the Provider Listing Report window for reports, or from the Provider Mailing Labels window for mailing labels.

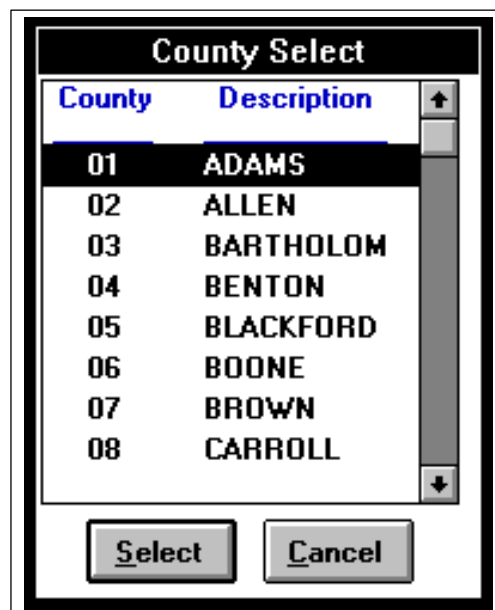


Figure 13.1 – County Select Window

Field Information

Field Name: County

Description – County code

Format – Two numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Description

Description – County description

Format – 12 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_CNTY_SELECT

Menu – NONE

Data Windows – DW_COUNTY_SELECT

System Features

Click **Select** to exit the window and return to the selected row of data.

Click **Cancel** to close the window.

Section 14: Provider Type Select Window

Introduction

IFSSA and EDS use the Provider Type Select window to select providers with the appropriate specialty(s) when generating mailing labels or provider reports. This selection table is accessed from either the Provider Listing Report window for reports, or from the Provider Mailing Labels window for mailing labels.

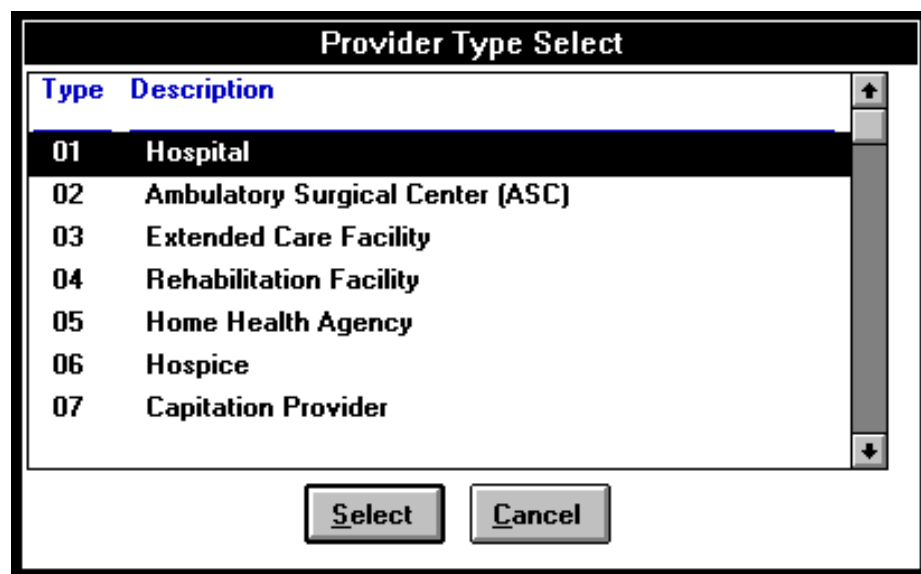


Figure 14.1 – Provider Type Select Window

Field Information

Field Name: Type

Description – Provider type

Format – Two numeric characters for code

Features – Double-click to return to selection window for the selected row of data

Edits – None

To Correct – N/a

Field Name: Description

Description – Provider type description

Format – 50 alphabetic characters for description

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_TYPE_SELECT

Menu – NONE

Data Windows – DW_PROV_TYPE_SELECT

System Features

Click **Select** to exit the window and return to the selected row of data.

Click **Cancel** to exit the window and return to the selected row of data.

Section 15: Provider Specialty Select Window

Introduction

IFSSA and EDS use the Provider Specialty Select window to select providers who are the appropriate specialty when generating mailing labels or provider reports. This selection table is accessed from either the Provider Listing Report window for reports or from the Provider Mailing Labels window for mailing labels.

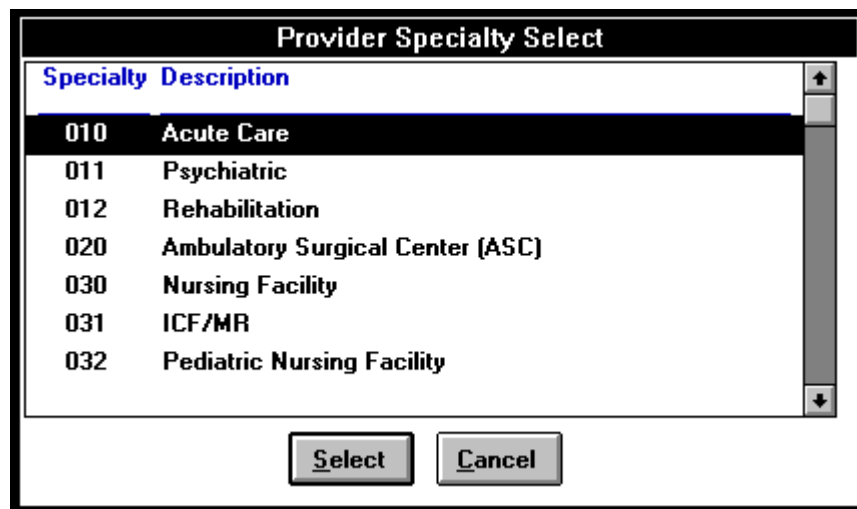


Figure 15.1 – Provider Specialty Select Window

Field Information

Field Name: Specialty

Description – Provider specialty

Format – Three numeric characters

Features – Double-click to return to selection window for the selected row data

Edits – None

To Correct – N/a

Field Name: Description

Description – Provider specialty description

Format – 50 alphabetic characters for description

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_SPEC_SELECT

Menu – NONE

Data Windows – DW_PROV_SPEC_SELECT

System Features

Click **Select** to exit the window and return to the selected row of data.

Click **Cancel** to close the window.

Section 16: Correspondence Menu Window

Introduction

Only authorized users with update privileges can use the Correspondence Menu window. The Correspondence Menu window is accessed through the Provider Menu.

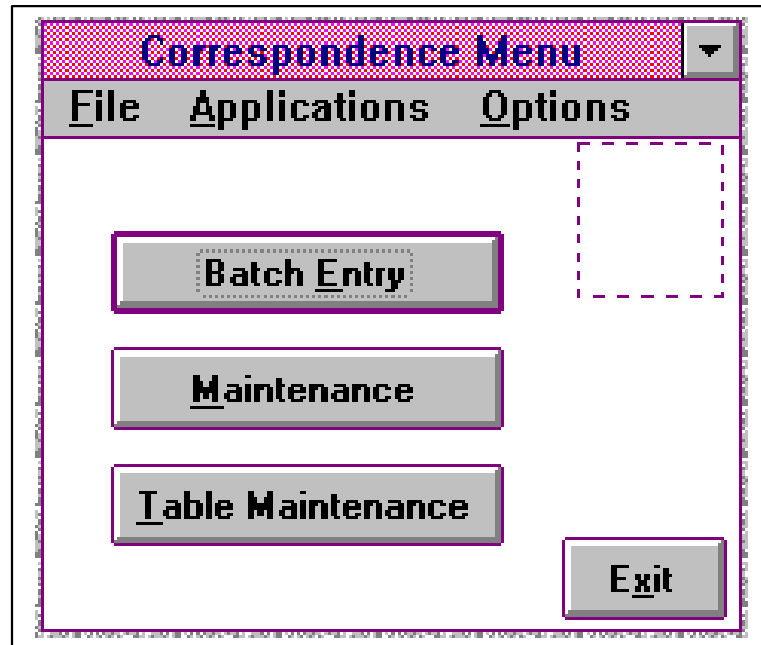


Figure 16.1 – Correspondence Menu Window

File	Applications	Options
Exit	Adhoc Reporting	Batch Entry
Exit IndianaAIM	Claims	Maintenance
	Financial	Table Maintenance
	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 16.2 – Correspondence Menu Window Menu Tree

This is the menu tree for the Provider Correspondence Menu window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Menu window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Exit – Returns to Provider Menu window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the following options:

Batch Entry – Opens the Batch Control window

Maintenance – Opens the Written Correspondence Tracking System (WCTS) Maintenance windows such as the Inquiry Response window

Table Maintenance – Opens the WCTS Table Maintenance window to maintain letters stored for inquiry response

Section 17: Provider Correspondence Batch Control Window

Introduction

EDS uses the Provider Correspondence Batch Control window to activate batches and assign unique, sequential letter control numbers to each written inquiry received. Only authorized users with update privileges can add new batches. The Provider Correspondence Batch Control Window is accessed through the Correspondence Menu window by selecting **Batch Entry**.

Seq	Provider	Seq	Provider	Seq	Provider	Seq	Provider
00	100000040	01		02		03	
04		05		06		07	
08		09		10		11	
12		13		14		15	
16		17		18		19	
20		21		22		23	
24		25		26		27	
28		29		30		31	
32		33		34		35	

Figure 17.1 – Provider Correspondence Batch Control Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 17.2 – Provider Correspondence Batch Control Window
Menu Tree

This is the menu tree for the Provider Correspondence Batch Control window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Batch Control Window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Begins a new batch using the menu

Save – Saves entered Batch Control information

Print – Prints the screen, window, or data window

Exit – Returns to Provider Correspondence window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Batch Number

Description – The batch number combined with the sequence number is the letter control number (LCN) that represents the unique internal control number for written inquiries received from providers. It is formatted YJJJBBS (year, Julian date, batch number, zero fill).

Format – Eight numeric characters

Features – None

Edit – 91029, Batch Number must be numeric!

To Correct – Retype valid batch number and click **Save**.

Edit – 10002, Batch Number is Required! Please Enter a Value!

To Correct – Type valid batch number and click **Save**.

Edit – 91063, Batch Number must be 8 characters!

To Correct – Type valid batch number and click **Save**.

Field Name: Received Date

Description – The date that all written inquiries within the batch were received

Format – Eight numeric characters

Features – None

Edit – 91002, Date must be numeric!

To Correct – Verify typing! Dates must be numeric and in (CCYYMMDD) format.

Edit – 91001, Invalid date CCYYMMDD!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Edit – 91003, Date is required!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Field Name: Entry Date

Description – The date the batch was initially entered into the system

Format – Eight numeric characters

Features – Automatically generated, protected, display only

Edits – None

To Correct – N/a

Field Name: Seq

Description – The batch number plus the sequence number is the LCN that represents the unique internal control number for written inquiries received from providers. It is 10 bytes long and is formatted YYJJBBSS. The sequence number is represented as an incremented number (00-49).

Format – Two numeric characters

Features – Automatically generated after new batch number is entered. Protected, display only.

Edits – None

To Correct – N/a

Field Name: Provider

Description – The provider identification number used by the provider

Format – Nine numeric characters

Features – None

Edit – 91038, Provider number is required!

To Correct – Type valid provider number and click **Save**.

Edit – 91038, Provider Number must be 9 characters!

To Correct – Retype valid provider number and click **Save**.

Edit – 91088, Provider Number is Not on File!

To Correct – Retype valid provider number and click **Save**.

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_BATCH

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_PROV_CORR_BATCH_HEAD

DW_PROV_CORR_BATCH_DET

System Features

Click **New** to clear the current values and display a clear screen.

Click **Save** to save the current data.

Click **Exit** to closes the window.

The scroll bar can view or enter up to 50 additional LCNs per batch.

Section 18: Provider Correspondence Search Window

Introduction

EDS uses the Provider Correspondence Search window to access written inquiries batched in the Written Correspondence Tracking System (WCTS) to enter a response. Once the batch number is entered, the WCTS retrieves all letter control numbers (LCN) and displays them. The user can then select the appropriate LCN to work. This window is also used to inquire on previously completed written inquiries. The Provider Correspondence Search window is accessed through the Correspondence Menu and selecting **Maintenance**.

LCN	Date Received	Date Entered	User ID	Provider Number
00	2000/03/21	1999/10/11	DICKSJW	100000040
0000000200	2000/01/04	2000/01/04	DICKSJW	100000040
0000000300	2000/01/04	2000/01/04	DICKSJW	100000040
0000000400	2000/01/04	2000/01/04	DICKSJW	100000040
0000000500	2000/01/04	2000/01/04	DICKSJW	100000040
01	2000/03/21	1999/10/11	DICKSJW	100000040
1000000500	2000/01/01	2000/01/03	DICKSJW	100000040
1000004000	2000/01/03	2000/01/03	DICKSJW	100000040

Figure 18.1 – Provider Correspondence Search Window

File	Edit	Applications	Options
Select	Copy	Adhoc Reporting	Search
Print	Paste	Claims	Sort
Exit	Cut	Financial	
Exit IndianaAIM		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 18.2 – Provider Correspondence Search Window Menu Tree

This is the menu tree for the Provider Correspondence Search window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Search window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Select – Selects the highlighted letter control number for retrieval and display

Print – Prints the screen, window, or data window

Exit – Returns to Provider Menu window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text or window from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the following options:

Search – Initiates a search from the menu instead of using the button

Sort – Selects the sort order for search criteria

Field Information

Field Name: Provider ID

Description – Nine-digit provider identification number

Format – Nine numeric characters

Features – None

Edit – 91024, No Match Found!

To Correct – Verify typing. The entry was not found on the provider tables.

Field Name: LCN

Description – 10-letter control number to identify a specific inquiry

Format – 10 alphabetic characters

Features – None

Edit – 91024, No Match Found!

To Correct – Verify typing. The entry was not found on the provider tables.

Field Name: User ID

Description – System user identification

Format – Eight alphabetic characters.

Features – None

Edit – 91024, No Match Found!

To Correct – Verify typing. The entry was not found on the provider tables.

Field Name: Type

Description – Type of inquiry

Format – N/A

Features – Drop-down box. Valid values include the following:

Claim Status	Late Billing
Crossover	Other Insurance
Adjustments	Remittance Advices
Eligibility	Program Policy
Correspondence	Claims Rejections
Nursing Facility	Billing Instr
Refunds	Reimbursement
Prior Auth.	Out-of-State
Form Request	Other
Pkg C Denied Premium	Pkg C Eligibility
Pkg C Program Policy	Pkg C Claim Rejection
Pkg C Billing Instr	Pkg C Prior Auth.
Pkg C Recipient Inq.	Pkg C Provider Inq.
Pkg C General Inq.	Pkg C Provider Enr
Pkg C Recipient Enr	

•

Edits – None

To Correct – N/a

Field Name: Status

Description – Status of inquiry

Format – N/a

Features – Drop-down box. Valid values include the following:

- Pending Research
- Referred to IFSSA
- Returned to Provider
- Provider Call Back
- Completed

Edits – None

To Correct – N/a

Field Name: Date Received

Description – From/through time period for receipt of inquiries

Format – CCYY/MM/DD through CCYY/MM/DD

Features – None

Edit – 91002, Date must be numeric!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Field Name: Date Entered

Description – From/through time period of dates that inquiries were entered into the WCTS

Format – CCYY/MM/DD through CCYY/MM/DD

Features – None

Edit – 91002, Date must be numeric!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify typing! Dates must be numeric and in CCYYMMDD format.

Field Name: LCN

Description – The batch number combined with the sequence number is the letter control number (LCN) that represents the unique internal control number for written inquiries received from providers. It is 10 bytes long and is formatted YYJJBBBSS. The sequence number is represented as an incremented number (00-49).

Format – 10 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Received

Description – The date the written inquiry was received from the provider

Format – CCYY/MM/DD

Features – None

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Entered

Description – The date that the written inquiry from the provider was entered into the system

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: User ID

Description – A specific user of the system used to identify who added or last updated a record

Format – Eight alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Provider Number

Description – Provider identification number

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Edit – 91056, Please enter at least one search field!

To Correct – Verify typing. At least one search field must be entered to perform a search.

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_MAINT_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_PROV_CORR_MAINT_SEARCH_CRIT
DW_PROV_CORR_MAINT_SEARCH_LIST

System Features

Click **Search** to retrieve and display data based on the criteria entered.

Click **Select** to advance to the Provider Correspondence Inquiry Response window with the applicable data displayed.

Click **Exit** to close the window.

Section 19: Provider Correspondence Inquiry Response Window

Introduction

EDS uses the Provider Correspondence Inquiry Response window to enter responses to provider written inquiries. Once the LCN is selected from the Correspondence Search window, the Inquiry Response window is displayed and the user enters the inquiry code.

1. To enter a brief description of the inquiry, press the inquiry text button or select the inquire text command under Options in the menu.
2. After the necessary research is complete, or if additional research is required, type in the appropriate status code to access the response text window and type in the response to the provider inquiry.
3. Once completed, select the appropriate letter based on the type of inquiry to generate the inquiry response letter.

The Provider Correspondence Inquiry Response window is accessed through the Provider Correspondence Search window.

Provider Correspondence Inquiry Response

File Edit Applications Options

LCN: 9501215000 Date Received: 1995/01/12
Entry Clerk: D. PAHUD Entry Date: 1995/01/12

Provider ID: 100094170
Service Location: A Status Date: 1995/01/12
Inquiry Type: CLAIM STATUS Response Status: COMPLETED

Inquiry Text Response Text Generate Letter: [dropdown]

Next LCN
[input field] Inquire

Save Exit

Figure 19.1 – Provider Correspondence Inquiry Response Window

File	Edit	Applications	Options
Save	Copy	Adhoc Reporting	Inquire
Print	Paste	Claims	Inquire Text
Exit	Cut	Financial	Response Text
Audit		Managed Care	Letter History
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 19.2 – Provider Correspondence Inquiry Response Menu Tree

This is the menu tree for the Provider Correspondence Inquiry Response window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Inquiry Response window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Save – Saves the entered inquiry response information

Print – Prints the screen, window, or data window

Exit – Returns to Provider Correspondence Search window

Audit – Views the online audit trail window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the following options:

Inquire – Initiates a search from the menu instead of using the button

Inquire Text – Accesses the inquiry text window using the menu

Response Text – Accesses the response text window using the menu

Letter History – Accesses the letter history window using the menu

Field Information

Field Name: LCN

Description – The batch number combined with the sequence number is the letter control number (LCN), which represents the unique internal control number for written inquiries received from providers. It is formatted YYJJBBSS.

Format – 10 alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Clerk

Description – The name of a specific user of the system

Format – 20 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Received

Description – The date the written inquiry was received from the provider

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Date

Description – The date the written inquiry from the provider was entered into the system

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Provider ID

Description – Provider identification number

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Service Location

Description – Suffix added to the provider number to identify the various locations where a provider conducts business

Format – One alphabetic character

Features – None

Edit – 91037, Service Loc field is required!

To Correct – Type valid service location and click **Save**.

Edit – 91088, Provider Number and Service Loc combination is Not on File!

To Correct – Retype valid service location and click **Save**.

Field Name: Inquiry Type

Description – The nature of the provider inquiry with values. Valid values include the following:

Claim Status	Late Billing
Crossover	Other Insurance
Adjustments	Remittance Advices
Eligibility	Program Policy
Correspondence	Claim Rejections
Nursing Facility	Billing Instr.
Refunds	Reimbursement
Prior Auth	Out-of-State
Form Request	Other
Pkg C Denied Premium	Pkg C EligibilityPkg C Program Policy
Pkg C Claim Rejection	Pkg C Billing Instr.
Pkg C PriorAuth	Pkg C Recipient Inquiry
Pkg C Provider Inquiry	Pkg C General Inquiry
Pkg C Provider Enroll	Pkg C Recipient Enroll

Format – N/a

Features – Drop-down data window

Edit – 91038, Inquiry Code is required!

To Correct – Select valid inquiry code and click **Save**.

Field Name: Status Date

Description – The day the response for the provider's written inquiry was entered

Format – CCYY/MM/DD

Features – Automatically generated, protected, display only

Edits – None

To Correct – N/a

Field Name: Response Status

Description – The status of the response to the written inquiry for a specific LCN. Valid values include the following:

- Inquiry complete
- Inquiry in process
- RTP insufficient info
- Routed to IFSSA
- Routed to CDPW

Format – N/a

Features – Drop-down data window

Edit – 91038, Response Status is required

To Correct – Select valid response status and click **Save**.

Field Name: Generate Letter

Description – This field presents a list of letters for printing

Format – N/A

Features – Drop-down window. Valid values include the following:

- Generic
- Reports Generated

Edits – None

To Correct – N/a

Field Name: Next LCN:

Description – The batch number combined with the sequence number gives the LCN, which represents the unique internal control number for written inquiries received from providers. It is formatted YYJJBBSS.

Format – 10 numeric characters

Features – None

Edit – 91070, Next LCN must be 10 characters!

To Correct – Type valid LCN and click **Inquire**.

Edit – 91106, Next LCN not found!

To Correct – Type valid LCN and click **Inquire**.

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_MAINT_SEARCH

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_PROV_CORR_MAINT_SEARCH_CRIT

DW_PROV_CORR_MAINT_SEARCH_LIST

DWC_PROV_CORR_INQ_CDE

DWC_PROV_CORR_RSP_CDE

System Features

Click **Inquiry** to open the Provider Correspondence Inquiry Text window that contains any free text about the inquiry.

Click **Response** to open the Provider Correspondence Response Text window that contains any free text about the response.

Click **Inquire** to retrieve and display data based on the LCN entered.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 20: Provider Correspondence Inquiry Text Window

Introduction

EDS uses the Provider Correspondence Inquiry Text window to enter a brief description of the provider's written inquiry. Only authorized users with update privileges can add new information. This window is also accessed to inquire on a provider's written inquiry. The Provider Correspondence Inquiry Text window is accessed through the Provider Correspondence Inquiry Response window.

The screenshot shows a graphical user interface window titled "Provider Correspondence Inquiry Text". The window has a menu bar with "File", "Edit", and "Applications". Below the menu bar, there are four data entry fields: "LCN: 9417900101", "Date Received: 1994/06/25", "Entry Clerk: T. Gray", and "Entry Date: 1994/06/28". A large text area below these fields contains the text: "This provider wanted to know how much would be received if they use their other insurance company also." At the bottom of the window are two buttons labeled "Save" and "Exit".

Figure 20.1 – Provider Correspondence Inquiry Text Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Audit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 20.2 – Provider Correspondence Inquiry Text Window Menu Tree

This is the menu tree for the Provider Correspondence Inquiry Text window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Inquiry Text window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Save – Saves the entered inquiry response information

Print – Prints the screen, window, or data window

Exit – Returns to Provider Correspondence Inquiry Response window

Audit – Views the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu section allows the following options:

Copy – Transfers text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: LCN

Description – The batch number combined with the sequence number is the letter control number (LCN), which represents the unique internal control number for written inquiries received from providers. It is formatted YJJJBBS, year, Julian date, batch number, and zero fill.

Format – 10 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Clerk

Description – The name of a specific user of the system

Format – 20 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Received

Description – The date the written inquiry was received from the provider

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Date

Description – The date the written inquiry received from the provider was entered into the system

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/A

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_TEXT_INQ

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_PROV_CORR_MAINT_EDIT_HEAD

System Features

This window is used to enter free text associated with the inquiry of a provider's correspondence.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 21: Provider Correspondence Response Text Window

Introduction

EDS uses the Provider Correspondence Response Text window to type the response to a written inquiry from a provider. Only authorized users with update privileges can add new information. This window is also accessed to inquire on a provider's written inquiry response. The Provider Correspondence Response Text window is accessed through the Provider Correspondence Inquiry Response window, by selecting **Options**.

Provider Correspondence Response Text
File Edit Applications

LCN: 2222222204 Date Received: 1999/10/11
Entry Clerk: J. DICKSON Entry Date: 1999/10/11

*Maththew Crone
122313213212
dos: 12/25/99
Reason for Inquiry: Claim Status

Another provider has billed theis HPCS code on the same date of service. This provider has been notified to make a paid claim adjustment to allow for billing of your claim. Please allow 30 -45 days before re-billing your claim.

Save Exit

Figure 21.1 – Provider Correspondence Response Text Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Audit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 21.2 – Provider Correspondence Response Text Window Menu Tree

This is the menu tree for the Provider Correspondence Response Text window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Response Text window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Save –Saves the entered inquiry response information

Print –Prints the screen, window, or data window

Exit – Returns to Provider Correspondence Inquiry Response window

Audit – Views online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy –Transfers text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial –Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: LCN

Description – The batch number combined with the sequence number gives the letter control number (LCN) that represents the unique internal control number for written inquiries received from providers. It is formatted YJJJBBS (year, Julian date, batch number, zero fill).

Format – 10 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Clerk

Description – The name of a specific user of the system

Format – 20 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Received

Description – The date that the written inquiry was received from the provider

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Date

Description – The date that the provider's written inquiry was entered into the system

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_TEXT_RESP

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_PROV_CORR_MAINT_EDIT_HEAD

System Features

This window is used to type text associated with the response to provider correspondence.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 22: Provider Correspondence Letter History Window

Introduction

EDS uses the Provider Correspondence Letter History window to view previous letters sent to a provider. The Provider Correspondence Letter History window is accessed through the Provider Correspondence Inquiry Response window by selecting **Options**.

Date Sent	Letter
1999/11/01	100 - GENERIC
1999/10/20	100 - GENERIC

Figure 22.1 – Provider Correspondence Letter History Window

File	Applications
Print	Adhoc Reporting
Exit	Claims
Exit IndianaAIM	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 22.2 – Provider Correspondence Letter History
Window Menu Tree

This is the menu tree for the Provider Correspondence Letter History window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Letter History window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Print – Prints the screen, window, or data window

Exit – Returns to Provider Correspondence Inquiry Response window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: LCN

Description – The batch number combined with the sequence number gives the letter control number (LCN), which represents the unique internal control number for written inquiries received from providers. It is formatted YJJBBBS (year, Julian date, batch number, zero fill).

Format – 10 numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Clerk

Description – Name of a specific user of the system

Format – 20 alphabetic characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Received

Description – The date the letter was received from the provider

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Entry Date

Description – The date the provider's written inquiry was entered into the system

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Date Sent

Description – The date the letter was sent to the provider

Format – CCYY/MM/DD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Letter

Description – The letter number and letter description sent to the provider

Format – N/A

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_LTR_HIST

Menu – M_BASE_INQUIRY

Data Windows – DW_PROV_CORR_MAINT_EDIT_HEAD and DW PROV CORR LTR HIST

System Features

This window is used to view the history of all letters sent to the provider in response to provider correspondence.

Click **Exit** to close the window.

Section 23: Correspondence Maintenance Menu Window

Introduction

Only authorized users with access to the Provider windows can use the Inquiry Code, Response Code, and Letter Maint buttons on the Correspondence Maintenance Menu. The Correspondence Maintenance Menu is accessed through the Correspondence Menu by selecting **Table Maintenance**.

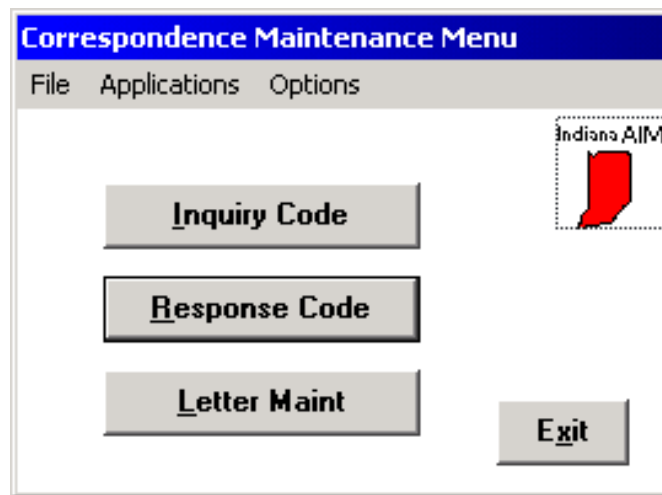


Figure 23.1 – Correspondence Maintenance Menu Window

File	Applications	Options
Exit	Adhoc Reporting	Inquiry Code
Exit IndianaAIM	Claims	Response Code
	Financial	Letter Maintenance
	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 23.2 – Correspondence Maintenance Menu Window Menu Tree

This is the menu tree for the Provider Correspondence Maintenance Menu window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Maintenance Menu window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Exit – Returns to Provider Menu window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Menu Selection: Options

This menu selection allows the following options:

Inquiry Code – Opens the Provider Corr Inquiry Code Maintenance window

Response Code – Opens the Provider Corr Response Code Maintenance window

Letter Maint – Opens the Provider Correspondence Letter List window

System Features

This window accesses the Provider Corr Inquiry Code Maintenance, the Provider Corr Response Code Maintenance, and the Provider Correspondence Letter List.

Click **Exit** to close the window.

Section 24: Provider Corr Inquiry Code Maintenance Window

Introduction

EDS uses the Provider Corr Inquiry Code Maintenance window to view valid Provider Corr Inquiry Codes. Only authorized users with update privileges can add inquiry codes. The Provider Corr Inquiry Code Maintenance window is accessed through the Correspondence Maintenance window.

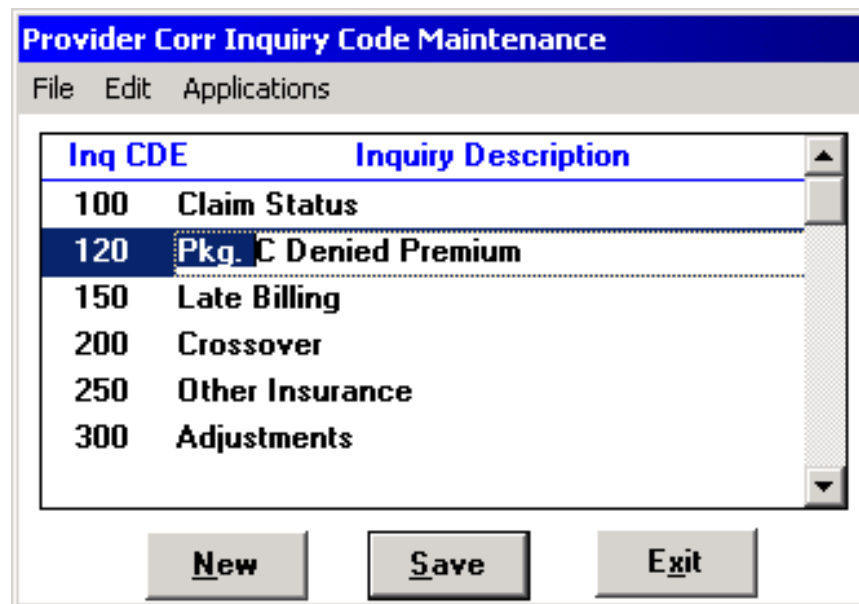


Figure 24.1 – Provider Corr Inquiry Code Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 24.2 – Provider Corr Inquiry Code Maintenance Menu Tree

This is the menu tree for the Provider Corr Inquiry Code Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Corr Inquiry Code Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Begins a new batch using the menu

Save – Saves entered Batch Control information

Print – Prints the screen, window, or data window

Exit – Returns to the Provider Correspondence window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Inq CDE

Description – Indicates the inquiry code number

Format – Three numeric characters

Features – Protected, display only

Edit – None

Field Name: Inquiry Description

Description – Description of the inquiry CDE selected.

Format – N/a

Features – Protected, display only

Edit – N/a

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_INQ CDE MAINT

Menu – M_PROV MAINT

Data Windows – DW_PROV_CORR_INQ CDE MAINT

System Features

Click **New** to clear the current values and display a clear screen.

Click **Save** to save the current data.

Click **Exit** to close the window.

Section 25: Provider Corr Response Code Maintenance Window

Introduction

EDS uses the Provider Corr Response Code Maintenance window to view valid Provider Corr Response Codes. Only authorized users with update privileges can add response codes. The Provider Corr Response Code Maintenance window is accessed through the Correspondence Maintenance window.

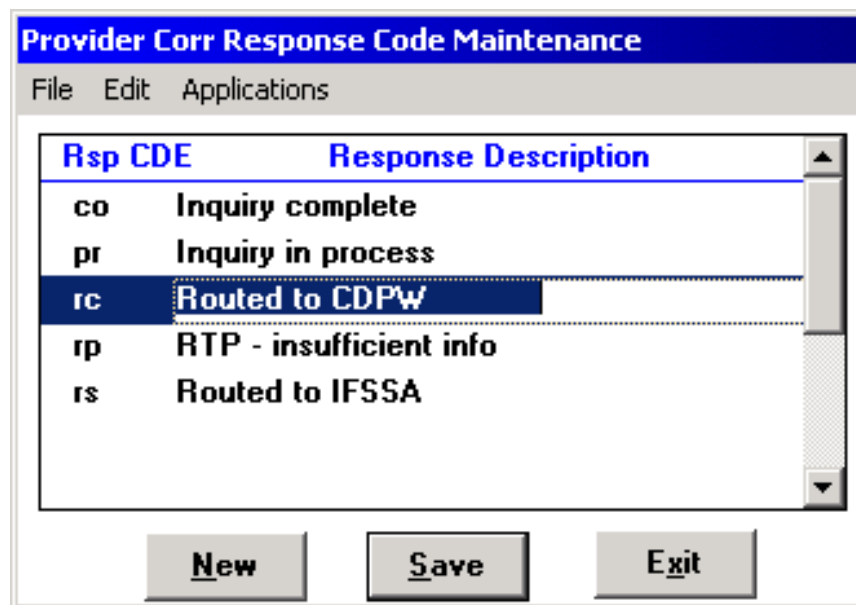


Figure 25.1 – Provider Corr Response Code Maintenance Window

File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 25.2 – Provider Corr Response Code Maintenance Window
Menu Tree

This is the menu tree for the Provider Corr Response Code Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Corr Response Code Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Begins a new batch using the menu

Save – Saves entered Batch Control information

Print – Prints the screen, window, or data window

Exit – Returns to the Provider Correspondence window

Audit – Accesses the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Rsp CDE

Description – The response code number

Format – Two-digit alphabetic characters

Features – Protected, display only

Edits – None

Field Name: Response Description

Description – Description of the response CDE selected

Format – N/a

Features – Protected, display only

Edits – N/a

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_RSP CDE MAINT

Menu – M_PROV MAINT

Data Windows – DW_PROV_CORR_RSP CDE MAINT

System Features

Click **New** to clear the current values and display a clear screen.

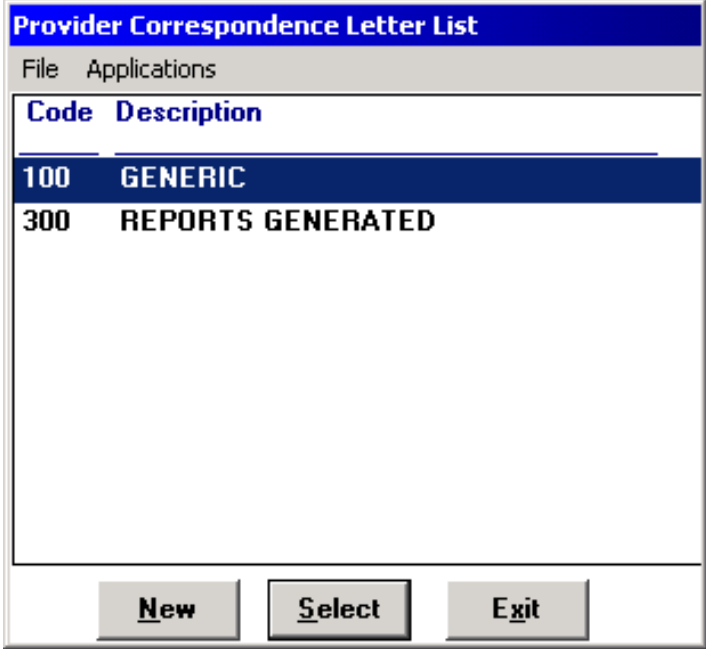
Click **Save** to save the current data.

Click **Exit** to close the window.

Section 26: Provider Correspondence Letter List

Introduction

EDS uses the Provider Correspondence Letter List window to view valid Provider Correspondence Letter List Codes. Only authorized users with update privileges can add Provider Correspondence Letter List codes. The Provider Correspondence Letter List window is accessed through the Correspondence Maintenance window.



Code	Description
100	GENERIC
300	REPORTS GENERATED

Figure 26.1 – Provider Correspondence Letter List Window

File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 26.2 – Provider Correspondence Letter List Menu
Tree

This is the menu tree for the Provider Correspondence Letter List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Letter List window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Begins a new batch using the menu

Select – Selects the given code

Print – Prints the screen, window, or data window

Exit – Returns to the Provider Correspondence window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Code

Description – The Provider Correspondence Letter List code.

Format – Three numeric characters.

Features – Protected, display only

Edits – None

Field Name: Description

Description – Description of the Provider Correspondence Letter List
Code selected

Format – N/a

Features – Protected, display only

Edits – N/a

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_LTR LIST

Menu – M_BASE_LIST RETRIEVE

Data Windows – DW_PROV_CORR_LTR LIST

System Features

Click **New** to clear the current values and display a clear screen.

Click **Select** to select desired data.

Click **Exit** to close the window.

Section 27: Provider Correspondence Letter Edit

Introduction

EDS uses the Provider Correspondence Letter Edit window to view, create, or delete Provider Correspondence Letter Edit Codes. Only authorized users with update privileges can add or delete Provider Correspondence Letter Edit codes. The Provider Correspondence Letter Edit window is accessed through the Provider Correspondence window.

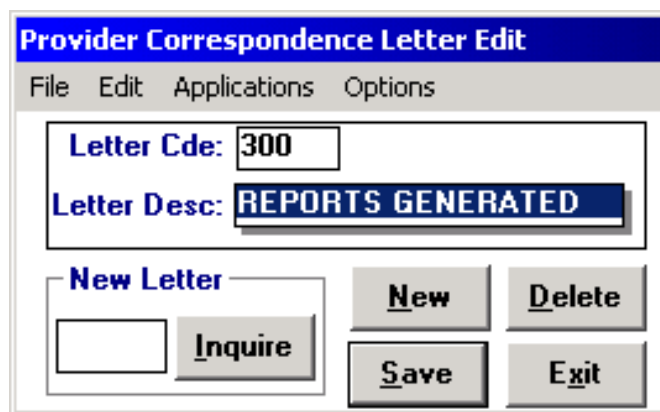


Figure 27.1 – Provider Correspondence Letter Edit Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Inquire
Save	Paste	Claims	Open Text
Delete	Cut	Financial	Close Text
Print		Managed Care	
Exit		MARS	
Audit		Prior Authorization	
Exit IndianaAIM		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 27.2 – Provider Correspondence Letter Edit Menu Tree

This is the menu tree for the Provider Correspondence Letter Edit Window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Correspondence Letter Edit Window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Begins a new batch using the menu

Save – Saves updated information

Delete – Deletes selected information

Print – Prints the screen, window, or data window

Exit – Returns to the Provider Correspondence window

Audit – Views the online audit trail windows

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers copied text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting information

Claims – Click to access the Claims history files

Financial – Click to access the Financial windows

Managed Care – Click to access Managed Care windows

MARS – Click to access MARS information

Prior Authorization – Click to access the Prior Authorization windows

Provider – Click to access the Provider windows

Recipient – Click to access the Recipient windows

Reference – Click to access the Reference windows

Security – Click to access the Security information windows

SURS – Click to access the SURS windows

Third Party Liability – Click to access the Third Party Liability windows

Field Information

Field Name: Letter Cde

Description – The Provider Correspondence Letter Edit code

Format – Three numeric characters.

Features – Protected, display only

Edits – None

Field Name: Letter Desc

Description – Description of the Provider Correspondence Letter Edit Code selected

Format – N/a

Features – Protected, display only

Edits – N/a

To Correct – N/a

System Information

PBL – PROV01.PBL

Window – W_PROV_CORR_LTR EDIT

Menu – M_PROV CORR LTR EDIT

Data Windows – DW_PROV_CORR_LTR EDIT

System Features

Click **New** to clear the current values and display a clear screen.

Click **Save** to save the current data.

Click **Delete** to delete the current data.

Click **Exit** to close the window.

Section 28: Provider Phone Tracking Log

Introduction

The Provider Assistance Telephone Unit uses this window to log each telephone inquiry as it is received. Telephone representatives enter the provider identification number, up to three inquiry types, and the status of the inquiries for each telephone call. IndianaAIM automatically assigns the date opened or the date the record was created and the date completed or the date the inquiry is considered complete. The control number is also included so the telephone call may be referenced at a later date. This window is accessed through the Provider Menu by selecting **Options**.

Provider Phone Tracking Log

File Edit Applications

Control Number:

Provider Number:

Inquiry Type:

2nd Inquiry Type:

3rd Inquiry Type:

Status:

Date Opened: 1999/11/09

Date Completed: 2299/12/31

User ID: DICKSJW

New Save Exit

Figure 28.1 – Provider Phone Tracking Log Window

File	Edit	Applications
Save	Copy	Adhoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Exit IndianaAIM		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 28.2 – Provider Phone Tracking Log Menu Tree

This is the menu tree for the Provider Phone Tracking Log window. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Phone Tracking Log window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

Save – Saves the newly entered information in the window

Print – Prints the entire screen, the current window, or the data window

Exit – Returns to the Provider Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one area to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting main menu

Claims – Click to access the Claims history files

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS main menu

Prior Authorization – Click to access the Prior Authorization main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient main menu

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the Third Party Liability main menu

Field Information

Field Name: Control Number

Description – Identification number for each individual telephone call

Format – Seven alphanumeric characters

Features – System generated and protected

Edits – None

To Correct – N/a

Field Name: Provider Number

Description – IHCP identification number

Format – Nine alphanumeric characters with valid values to include all IndianaAIM provider identification numbers and 999999999, for inquiries made by non-providers

Features – None

Edit – 91037, Provider ID field is required!

To Correct – Verify typing. A valid nine alphanumeric character provider identification number must be typed in the field before the record is saved.

Edit – 5115, Provider Number does not exist!

To Correct – Verify typing. A valid nine alphanumeric character provider identification number must be typed in the field before the record is saved.

Field Name: Inquiry Type

Description – Description of the type of inquiry requested by the provider

Format – 77 alphabetic character description of the inquiry type code with valid values to include:

Table 28.1 – Inquiry Type Codes

Code
01 – Claim Status
02 – TPL
03 – Long Term Care
04 – Check Write
05 – Recipient Eligibility
06 – Provider Enrollment
07 – PA Verification
08 – Covered Services
09 – Remittance Advice
10 – Crossovers
11 – Advance Request
12 – Accounts Receivable
13 – Managed Care
14 – Order Form Request
15 – HHCPCS/Modifier/Diagnosis
16 – Adjustments
17 – Stop Pay/EFT
18 – ECS
19 – Transportation
20 – Special Programs
21 – Other
22 – Recipient Calls
23 – Caseworkers
26 – Provider Holds
27 – POS Issues
28 – P.O. Box Info
29 – Hangs Up
30 – Wrong Number
31 – System Down
32 – Keying Errors

(Continued)

Table 28.1 – Inquiry Type Codes

Code
33 – Denial Explanation
34 – Suspense
35 – HCE General Questions
36 – HCE Address
37 – HCE Telephone Numbers
38 – HCE Provider concerns
39 – Att./Non Prov. Calls
40 – REC Caseworker
41 – REC Copays
42 – REC Dentures/Braces
43 – REC Dr. Referrals/Phone #
44 – REC Dental Providers
45 – REC Eligibility
46 – REC Covered Services
47 – REC Bills Received
48 – REC Prior Authorization
49 – REC Out of State Services
50 – REC Waiver/Council on Aging
51 – REC Crossovers
52 – REC Managed Care
53 – REC Third Party Liability
54 – REC Spenddown
55 – REC State Answer Line
56 – REC Emergency Services
57 – REC Hang-up/Wrong Number
58 – REC Ref. Fraud and Abuse
59 – REC Reimbursement
60 – REC Spanish Recipient
61 – REC Transportation
62 – REC Special Programs
63 – REC Other
64 – PKG C Addr./Tele. Num

(Continued)

Table 28.1 – Inquiry Type Codes

Code
65 – PKG C Check Write
66 – PKG C Claim Status
67 – PKG C Covered Services
68 – PKG C Prior Auth. Ver.
69 – PKG C Recipient Elig
70 – REC PKG C Caseworker
71 – REC PKG C Co-payment Reim
72 – REC PKG C Covered Services
73 – REC PKG C Elig
74 – REC PKG C Prem. Question
75 – REC PKG C Prior Auth.
76 – REC PKG C Referrals
77 – REC PKG C Prem. Vendor Q
78 – Provider Manual
79 – Y2K

Features – Drop-down box

Edit – 91037, Inquiry Type field is required!

To Correct – Verify typing. At least one inquiry type must be chosen before the record is saved.

Field Name: 2nd Inquiry Type

Description – Description of the type of inquiry requested by the provider.

Format – 77 alphabetic character description of the inquiry type code with valid values to include:

Description – Description of the type of inquiry requested by the provider

Format – 77 alphabetic character description of the inquiry type code with valid values to include:

Table 28.2 – Second Inquiry Type Codes

Code
01 – Claim Status
02 – TPL
03 – Long Term Care
04 – Check Write
05 – Recipient Eligibility
06 – Provider Enrollment
07 – PA Verification
08 – Covered Services
09 – Remittance Advice
10 – Crossovers
11 – Advance Request
12 – Accounts Receivable
13 – Managed Care
14 – Order Form Request
15 – HHCPCS/Modifier/Diagnosis
16 – Adjustments
17 – Stop Pay/EFT
18 – ECS
19 – Transportation
20 – Special Programs
21 – Other
22 – Recipient Calls
23 – Caseworkers
26 – Provider Holds
27 – POS Issues
28 – P.O. Box Info
29 – Hangs Up
30 – Wrong Number
31 – System Down
32 – Keying Errors
33 – Denial Explanation

(Continued)

Table 28.2 – Second Inquiry Type Codes

Code
34 – Suspense
35 – HCE General Questions
36 – HCE Address
37 – HCE Telephone Numbers 75 REC PKG C Prior Auth.
38 – HCE Provider concerns
39 – Att./Non Prov. Calls
40 – REC Caseworker
41 – REC Copays
42 – REC Dentures/Braces
43 – REC Dr. Referrals/Phone #
44 – REC Dental Providers
45 – REC Eligibility
46 – REC Covered Services
47 – REC Bills Received
48 – REC Prior Authorization
49 – REC Out of State Services
50 – REC Waiver/Council on Aging
51 – REC Crossovers
52 – REC Managed Care
53 – REC Third Party Liability
54 – REC Spenddown
55 – REC State Answer Line
56 – REC Emergency Services
57 – REC Hang-up/Wrong Number
58 – REC Ref. Fraud and Abuse
59 – REC Reimbursement
60 – REC Spanish Recipient
61 – REC Transportation
62 – REC Special Programs
63 – REC Other
64 – PKG C Addr./Tele. Num
65 – PKG C Check Write

(Continued)

Table 28.2 – Second Inquiry Type Codes

Code
66 – PKG C Claim Status
67 – PKG C Covered Services
68 – PKG C Prior Auth. Ver.
69 – PKG C Recipient Elig
70 – REC PKG C Caseworker
71 – REC PKG C Co-payment Reim
72 – REC PKG C Covered Services
73 – REC PKG C Elig
74 – REC PKG C Prem. Question
76 – REC PKG C Referrals
77 – REC PKG C Prem. Vendor Q
78 – Provider Manual
79 – Y2K

Features – Drop-down box

Edit – 5244, Cannot have Duplicate Inquiry Types!

To Correct – Verify selection. The second inquiry type, if entered must be different than the first.

Field Name: 3rd Inquiry Type

Description – Description of the type of inquiry requested by the provider

Format – 77 alphabetic character description of the inquiry type code with valid values to include:

Table 28.3 – Third Inquiry Type Codes

Code
01 – Claim Status
02 – TPL
03 – Long Term Care
04 – Check Write
05 – Recipient Eligibility

(Continued)

Table 28.3 – Third Inquiry Type Codes

Code
06 – Provider Enrollment
07 – PA Verification
08 – Covered Services
09 – Remittance Advice
10 – Crossovers
11 – Advance Request
12 – Accounts Receivable
13 – Managed Care
14 – Order Form Request
15 – HHCPCS/Modifier/Diagnosis
16 – Adjustments
17 – Stop Pay/EFT
18 – ECS
19 – Transportation
20 – Special Programs
21 – Other
22 – Recipient Calls
23 – Caseworkers
26 – Provider Holds
27 – POS Issues
28 – P.O. Box Info
29 – Hangs Up
30 – Wrong Number
31 – System Down
32 – Keying Errors
33 – Denial Explanation
34 – Suspense
35 – HCE General Questions
36 – HCE Address
37 – HCE Telephone Numbers
38 – HCE Provider concerns
39 – Att./Non Prov. Calls
40 – REC Caseworker

Table 28.3 – Third Inquiry Type Codes

Code
41 – REC Copays
42 – REC Dentures/Braces
43 – REC Dr. Referrals/Phone #
44 – REC Dental Providers
45 – REC Eligibility
46 – REC Covered Services
47 – REC Bills Received
48 – REC Prior Authorization
49 – REC Out of State Services
50 – REC Waiver/Council on Aging
51 – REC Crossovers
52 – REC Managed Care
53 – REC Third Party Liability
54 – REC Spenddown
55 – REC State Answer Line
56 – REC Emergency Services
57 – REC Hang-up/Wrong Number
58 – REC Ref. Fraud and Abuse
59 – REC Reimbursement
60 – REC Spanish Recipient
61 – REC Transportation
62 – REC Special Programs
63 – REC Other
64 – PKG C Addr./Tele. Num
65 – PKG C Check Write
66 – PKG C Claim Status
67 – PKG C Covered Services
68 – PKG C Prior Auth. Ver.
69 – PKG C Recipient Elig
70 – REC PKG C Caseworker
71 – REC PKG C Co-payment Reim
72 – REC PKG C Covered Services

(Continued)

Table 28.3 – Third Inquiry Type Codes

Code
73 – REC PKG C Elig
74 – REC PKG C Prem. Question
75 – REC PKG C Prior Auth.
76 – REC PKG C Referrals
77 – REC PKG C Prem. Vendor Q
78 – Provider Manual
79 – Y2K

Features – Drop-down box

Edit – 5244, Cannot Have Duplicate Inquiry Types!

To Correct – Verify typing. The third inquiry type, if entered must be different than the first and second inquiry types.

Edit – 5245, Must Enter Second Inquiry Type Before Third!

To Correct – Verify typing. A second inquiry type must be in place in order to enter a third.

Field Name: Status

Description – Description of the status of the inquiry with valid values to include complete and incomplete

Format – N/a

Features – Drop-down box

Edit – 91037, Status Field Is Required!

To Correct – Verify typing. A status must be chosen before the record is saved.

Field Name: Date Opened

Description – The date that the inquiry record was created

Format – CCYY/MM/DD

Features – System generated and protected

Edits – None

To Correct – N/a

Field Name: Date Completed

Description – The date that the inquiry was completed

Format – CCYY/MM/DD

Features – System generated and protected

Edits – None

To Correct – N/a

Field Name: User ID

Description – The IndianaAIM identification code for the telephone representative who is receiving the inquiry

Format – Eight alphabetic characters

Features – System generated and protected

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_PHONE_TRACK

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_PROV_PHONE TRACK

System Features

Up to three different inquiry types may be chosen per telephone call. The representative may save a record as incomplete or complete and then go back to the record at a later time if needed. If updates are made to the record, the system automatically inserts the current date as the completed date.

Section 29: Provider Phone Tracking Search Window

Introduction

This window accesses telephone inquiry records previously entered into the Provider Phone Tracking Log window based on flexible selection criteria such as provider number, control number, and IndianaAIM user ID. The user may narrow the parameters by also choosing an initial open date, a final open date, or a status if desired. The window also accesses the Provider Phone Tracking Log window to add new inquiry records. This window is accessed through the Provider Menu by selecting **Options**.

Cntl Num	Provider ID	Inquiry Type	Status	Date Open	Date Compl.	User ID
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Figure 29.1 – Provider Phone Tracking Search Window

File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	
Print	Cut	Financial	
Exit		Managed Care	
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 29.2 – Provider Phone Tracking Search Window Menu Tree

This is the menu tree for the Provider Phone Tracking Search window. The menu titles on this illustration reflect the overall menu commands and window options on the Provider Phone Tracking Search window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available.

A command or window option is selected by the following methods:

1. Click the command or window option title and a drop-down box displays. Select the desired command.
2. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

This menu selection allows the following options:

New – Adds a record to the Provider Phone Tracking Log window

Select – Accesses a specific inquiry record already added to the Provider Phone Tracking Log window

Print – Prints the current window, the data window, or the entire screen

Exit – Returns to the Provider main menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows the following options:

Copy – Transfers text from one to another

Paste – Inserts text cut or copied from another area

Cut – Removes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM:

Adhoc Reporting – Click to access the Adhoc Reporting main menu

Claims – Click to access the Claims main menu

Financial – Click to access Financial the main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS main menu

Prior Authorization – Click to access the Prior Authorization main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient main menu

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the Third Party Liability main menu

Menu Selection: Options

This menu selection allows the following options:

Search – Click to look for inquiry records that fit the selected parameters chosen and entered by the user

Field Information

Field Name: Provider Number

Description – Selection criteria to look for an IHCP provider identification number

Format – Nine numeric characters with valid values to include all IndianaAIM provider identification numbers and 999999999 for inquiries made by non-providers)

Features – None

Edit – 91088, Provider is Not on File!

To Correct – Verify typing. A valid nine numeric character provider identification number must be entered in the field in order to search for inquiry records.

Edit – 91029, Provider Number must be numeric!

To Correct – Verify typing. A valid nine numeric character provider identification number must be entered in the field before the record is saved.

Edit – 91038, Provider Number must be 9 characters!

To Correct – Verify typing. The provider number must be nine alphabetic and numeric characters in length.

Field Name: Control Number

Description – Selection criteria to search by an individual telephone inquiry identification number.

Format – Seven numeric characters

Features – System generated and protected

Edit – 91029, Control Number must be numeric!

To Correct – Verify typing. The entered control number must be numeric digits.

Edit – 91129, Control Number must be 7 numeric digits!

To Correct – Verify entering. The entered control number must be seven numeric digits.

Field Name: User ID

Description – Selection criteria to search by a specific IndianaAIM user

Format – Eight alphabetic characters

Features – None

Edits – None

To Correct – N/a

Edit – 5243, Must enter Control Number, Provider ID or User ID!

To Correct – Verify typing. One of the three above mentioned selection parameters must be chosen in order to search for inquiry records.

Edit – 91024, No Match Found!

To Correct – Verify typing. The search indicated that no inquiry records match the selection criteria chosen.

Field Name: Initial Open Date

Description – Secondary selection criteria to create a date range to search by the date an inquiry record was created

Format – Eight numeric characters

Features – None

Edit – 91002, Date must be numeric!

To Correct – Verify typing. The must be numeric digits.

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be entered in the above format CCYYMMDD.

Field Name: Final Open Date

Description – Secondary selection criteria to create a date range to search by the date an inquiry record was created

Format – Eight numeric characters

Features – To search for a specific date, the user should enter that date in the *Final Open Date* field.

Edit – 91002, Date must be numeric!

To Correct – Verify typing. The must be numeric digits.

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be entered in the CCYYMMDD format.

Edit – 91112, Start date cannot be greater than end date!

To Correct – Verify typing. Final Open Date must be later than the Initial Open Date if dates are entered in both fields.

Field Name: Status

Description – Description of the status of the inquiry with valid values to include complete and incomplete

Format – N/a

Features – Drop-down box

Edits – None

To Correct – N/a

System Information

PBL – PROV02.PBL

Window – W_PROV_PHONE_TRACK_INQ

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_PROV_PHONE_TRACK_INQ

DWC_PROV_PHONE_TRACK

System Features

The system searches and selects all of the inquiries that meet the selection criteria when the search button is chosen. The applicable inquiries are listed in the data window field in the lower data window. The user may then select a specific inquiry by double-clicking on the highlighted selection or by highlighting a specific inquiry record and clicking on select. The system lists only the first *Inquiry Types* in the lower data window.

Glossary

590 Program	A state of Indiana medical assistance program for institutionalized persons under the jurisdiction of the Department of Corrections, Division of Mental Health, and Department of Health.
ARCH	Aid to Residents in County Homes. A State-funded program that provides medical services to certain residents of county nursing homes.
AVR	Automated voice-response system used by providers to verify recipient eligibility by phone.
AWP	Average wholesale price used for drug pricing.
auto assignment	Indiana <i>AIM</i> process that automatically assigns a managed care recipient to a managed care provider if the recipient does not select a provider within a specified time frame.
BENDEX	Beneficiary Data Exchange. A file containing data from HCFA regarding persons receiving Medicaid benefits from the Social Security Administration.
bill	Refers to a bill for medical services, the submitted claim document, or the electronic media claims (EMC) record. A bill may request payment for one or more performed services.
buy-in	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible medical assistance recipients, enrolling them in Medicare Part A or Part B or both programs.
CCF	Claim correction form. A CCF is generated by Indiana <i>AIM</i> and sent to the provider who submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.
CCN	Cash control number. A financial control number assigned to identify individual transactions.
CFR	Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.
claim	A provider's request for reimbursement of Medicaid-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: HCFA-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
CLIA	Clinical Laboratory Improvement Amendments. A federally mandated set of certification criteria and a data collection monitoring system designed to ensure the proper certification of clinical laboratories.

contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
contractor, contractors, or the contractor	Refers to all successful bidders for the services defined in any contract.
core contractor	The successful bidder on <i>Service Package #1: Claims Processing and Related Services</i> .
core services	Refers to <i>Service Package #1: Claims Processing and Related Services</i> .
county office	County offices of the Division of Family and Children. Offices responsible for determining eligibility for Medicaid using the Indiana Client Eligibility System (ICES).
covered service	Mandatory medical services required by HCFA and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible Medicaid recipients.
CPAS	Claims Processing Assessment System. An automated claims analysis tool used by the State for contractor quality control reviews.
CRF/DD	Community Residential Facility for the Developmentally Disabled.
CSHCS	Children's Special Health Care Services. A State-funded program providing assistance to children with chronic health problems. CSHCS recipients do not have to be Medicaid-eligible. If they are also eligible for Medicaid, children can be enrolled in both programs.
CSR	Customer service request.
customer	Individuals or entities that receive services or interact with the contractor supporting the Medicaid program, including State staff, recipients, and Medicaid providers (managed care PMPs, managed care organizations, and waiver providers).
designee	A duly authorized representative of a person holding a superior position.
DHHS	U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through the Health Care Financing Administration.
DME	Durable medical equipment. Examples: wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.

DPOC	Data Processing Oversight Commission. Indiana state agency that oversees agency compliance with all State data processing statutes, policies, and procedures.
DRG	Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.
DSH	Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.
DSS	Decision Support System. A data extraction tool used to evaluate Medicaid data, trends, and so forth, for the purpose of making programmatic decisions.
DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phone lines to IndianaAIM. ECC uses point-of-sale devices and PCs for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECS	Electronic claims submittal. Claims submitted in electronic format rather than paper. See ECC , EMC .
EDP	Electronic data processing.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See ECC , ECS .
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.
EOMB	Explanation of Medicare benefits. A form provided by IndianaAIM and sent to recipients. The EOMB details the payment or denial of claims submitted by providers for services provided to recipients.
EOP	Explanation of payment. Describes the reimbursement activity on the provider's remittance advice (RA).

EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for Medicaid-eligible recipients under the age of 21 offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the recipient is referred for further treatment.
EVS	Eligibility Verification System. A system used by providers to verify recipient eligibility using a point-of-sale device, on-line PC access, or an automated voice response system.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.
FIPS	Federal information processing standards.
fiscal year - Indiana	July 1 - June 30.
fiscal year - federal	October 1 - September 30.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the Indiana Medicaid program.
HCBS	Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged recipients to allow them to live in the community and avoid being placed in an institution.
HCFA	Health Care Financing Administration. The federal agency in the Department of Health and Human Services that oversees the Medicaid and Medicare programs.
HCFA-1500	HCFA-approved standardized claim form used to bill professional services.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.

HCPCS	HCFA Common Procedure Coding System. A uniform health care procedural coding system approved for use by HCFA. HCPCS includes all subsequent editions and revisions.
HealthWatch	Indiana's preventive care program for Medicaid recipients under 21 years of age. Also known as EPSDT.
HIC	Health insurance carrier number.
HIO	Health insuring organization.
HMO	Health maintenance organization.
Hoosier Healthwise	Indiana Medicaid managed-care program. Hoosier Healthwise has three components including Primary Care Case Management (PCCM), Risk-Based Managed Care (RBMC), and Managed Care for Persons with Disabilities (MCPD).
HRI	Health-related items.
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.
ICES	Indiana Client Eligibility System. Caseworkers in the county offices of the Division of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).
ICF/MR	Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for Medicaid-eligible, mentally retarded individuals.
ICN	Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.
IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IMD	Institutions for mental disease.
IndianaA/M	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.
ISMA	Indiana State Medical Association.

ITF	Integrated test facility. A copy of the production version of IndianaAIM used for testing any maintenance and modifications before implementing changes in the production system.
JCL	Job control language.
LAN	Local area network.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
lock-in	Restriction of a recipient to particular providers, determined as necessary by the State.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to recipients.
MAC	Maximum allowable charge for drugs as specified by the federal government.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of IndianaAIM that includes data and reports as specified by federal requirements.
MCO	Managed care organization.
MCPD	Managed Care for Persons with Disabilities is one of three delivery systems in the Hoosier Healthwise managed care program. In MCPD, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the Indiana Medicaid definition.
MEQC	Medicaid eligibility quality control.
MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as IndianaAIM.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.
medical policy contractor	Successful bidder on <i>Service Package #2: Medical Policy and Review Services</i> .
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.

NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
non-core services	Refers to <i>Service Packages #2 and #3</i> .
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
NPIN	National provider identification number.
OMNI	A point-of-sale device used by providers to scan recipient ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
PA	Prior authorization. Some designated Medicaid services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
PCCM	Primary care case management. One of three delivery systems within the Hoosier Healthwise managed care program. Providers in PCCM are reimbursed on a fee-for-service basis. Recipients are assigned to a primary medical provider (PMP) or group that is responsible for managing the care of the recipient and providing all primary care and authorizing specialty care for the recipient—24 hours a day, seven days a week.
PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to Medicaid recipients assigned to the PMP's care.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization.
PRO	Peer review organization.
Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.

QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
RA	Remittance advice. A summary of payments produced by IndianaAIM explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
RBMC	Risk-based managed care. One of three delivery systems in the Hoosier Healthwise managed care program. In RBMC, a managed care organization is reimbursed on a per capita basis per month to manage the member's health care. The delivery system serves TANF recipients, pregnant women, and children.
RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
RFI	Request for Information.
RFP	Request for Proposals.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.

specialty vendors	Provide support to Medicaid business functions but the vendors are not currently Medicaid fiscal agents.
State	Spelled as shown, State refers to the State of Indiana and any of its departments or agencies.
subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
SUR	<p>Surveillance and Utilization Review. Refers to system functions and activities mandated by the Health Care Financing Administration (HCFA) that are necessary to maintain complete and continuous compliance with HCFA regulatory requirements for SUR including the following SPR requirements:</p> <p>Section 30: statistical analysis</p> <p>Section 31: exception processing</p> <p>Section 32: provider and recipient profiles</p> <p>Section 33: retrospective detection of claims processing edit/audit failures/errors</p> <p>Section 34: retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards</p> <p>Section 35: retrospective detection of fraud and abuse by providers or recipients</p> <p>Section 36: sophisticated data and claim analysis including sampling and reporting</p> <p>Section 37: general access and processing features</p> <p>Section 38: general reports and output</p>
systems analyst/engineer	<p>Responsible for performing the following activities:</p> <p>Section 39: Detailed system/program design</p> <p>Section 40: System/program development</p> <p>Section 41: Maintenance and modification analysis/resolution</p> <p>Section 42: User needs analysis</p> <p>Section 43: User training support</p> <p>Section 44: Development of personal Medicaid program knowledge</p>
TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TPL	Third Party Liability.

TPL/Drug Rebate Services	Refers to <i>Service Package #3: Third-Party Liability and Drug Rebate Services</i> .
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.
UPC	Universal product code. Codes contained on the first data bank tape update and/or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
VFC	Vaccines for Children program.
WAN	Wide area network.
WIC	Women, Infants, and Children program. A federal program administered by the Indiana Department of Health that provides nutritional supplements to low-income pregnant or breast-feeding women, and to infants and children under 5 years of age.

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